

BUSINESS/FARM SUPPLEMENT

School Year 2016-17

Instructions for Completing the Business/Farm Supplement

▶ Complete a supplement for each business or farm.

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- When completing this supplement, refer to both your 2014 and 2015 IRS tax returns specifically, Form 1040, Schedules C, D, and F, as applicable. If an incorporated business is involved, refer to Form 1120 as well. If a partnership is involved, also refer to Form 1065 and/or Schedule K1. For any year for which tax forms have not been completed, estimate as accurately as possible. The financial aid administrator may later ask you to provide copies of your tax returns, including your corporate and partnership tax return(s).
- ▶ If you are the owner or part owner of a partnership or a corporation: (1) Enter your percentage of ownership (question 6); (2) enter total income, expense deductions and profit for the entire business entity (questions 11–15); and (3) enter your share of net profit (question 16).
- IMPORTANT: If a business is a major source of family support but no salaries are reported and business net profit is under \$10,000, explain on an attached sheet how basic family expenses are met.

- Don't submit balance sheets, profit and loss statements, cash flow statements, or tax returns in place of the Business/Farm Supplement, unless specifically requested by your college.
- If your home is part of the business or farm, enter its value and the amount of its mortgage on the CSS/Financial Aid PROFILE® Application. Don't include your home value on the Business/Farm Supplement.
- If farm income is reported on an accrual basis, the required information can be found on IRS Form 1040, Schedule F, Part III. In this case, disregard questions 11a–11c below and begin your entries with Gross Income in question 12.
- If you have gains or losses from the sale or exchange of livestock and/or farm machinery, report the full amount of such gains or losses in question 16 below. Don't include in this question gains or losses arising from the sale or exchange of other property, as reported on your IRS Form 1040, Schedule D.
- If a financial question does not apply to you, write 0. Do not leave questions blank unless the instructions tell you to do so.

Parent's Business/Farm Information 1. Name of Business/Farm 2. Date Business Commenced or Farm Purchased Day Month Year 3. Location of Business/Farm Street Address Sole proprietor Partnership Corporation Indicate type	Student's information			
2. Date Business Commenced or Farm Purchased Day Month Year		M.I.	Social Security Number	
3. Location of Business/Farm Street Address Street				
Street Address Sole proprietor Partnership Corporation Indicate type State Zip Code Sole Name(s) of Owners and Partners, Their Relationship to the Parent(s), and Their Percentage of Ownership Name Relationship Percentage Sole proprietor Partnership Corporation Indicate type Manuer Sole proprietor Partnership Corporation Indicate type Sole proprietor Partnership Sole proprietor Partnership Autocolor Autocolor Sole proprietor Partnership Autocolor Autocolor Sole proprietor Partnership Autocolor Autoc	3. Location of Business/Farm		,	
City/Township Corporation Indicate type State Zip Code 5. Give Name(s) of Owners and Partners, Their Relationship to the Parent(s), and Their Percentage of Ownership Name Relationship Percentage 8. Describe Principal Product or Service	Street Address		☐ Sole proprietor	
County State Zip Code 5. Give Name(s) of Owners and Partners, Their Relationship to the Parent(s), and Their Percentage of Ownership Name 8. Describe Principal Product or Service Name	City/Township		☐ Corporation	
Name Relationship Percentage Name Name Relationship Name Relationship Name			indicate type	
Relationship Percentage Name	5. Give Name(s) of Owners and Partners, Their Relations to the Parent(s), and Their Percentage of Ownership	ship 6. Yo		7. Number Employees
Relationship Percentage Name	Name		escribe Principal Product or Service	•
	Relationship			
Relationship Percentage				

9.	Residence and Mortgage Information																
	Monthly mortgage payment on the business or farm	\$.00	I	Business ow	ners									
	Farm owners					I	s the busines	s a par	t of your	home?					Yes		No
	Do you live on the farm?		Yes		No	ı	f yes, what p	ercenta	age of h	ome is cl	aimed for	busines	s use	%			
10.	Total Acres Owned (Farm Owners Only)																
		ľ	Vlark	et val	ue pei	r acre		No.	of acre	s owne	d		No	rente	ed to o	thers	6
	Tillable land	\$.0)										
	Nontillable land	\$.0)										
	Woodlands and waste	\$.0)										
	Agricultural reserve	\$.0)										
	TOTAL	\$.0)										
_																	
Βι	siness Owners Only $-$ Income	an	d E	xpe	nses	5											
11.	Business Income		/ 1) 14 Dec. 3	01\) 15 ·Dec. 31	1)				nated 2 1-Dec		
	Gross receipts of sales less returns and allowances	\$	(3	an. I-	Dec. 3	.0) \$		Jan. 1-	Dec. 31	.00			(Jan.	I-Dec.	31)	
	 b. Cost of goods sold and/or operations (Don't include salaries paid to yourself, 	\$.0) \$.00						
	your dependents or others, or any item listed below.)	\$.0) \$.00						
	c. Gross profit (Line 11a minus 11b)																
	d. Other business income	\$.0	\$.00						
12.	Total Income (Add 11c and 11d)	\$.0	\$.00						
13.	Business Deductions (Don't include any amount entered in 11b above.)	\$.0	\$.00						
	a. Depreciation	\$.0	\$;			.00						
	b. Interest expense	\$.0) \$.00						
	c. Rent on business property	\$.0) \$.00						
	d. Parents' W-2 wages from this businesse. Salaries and wages paid to family members																
	other than yourself employed in the business	\$.0	\$.00						
	Name and Relationship						Salary										
		\$.0	\$.00						
		\$.0	\$.00						
	f. All other salaries and wages	\$.0	\$.00						
	g. Other business expenses (Itemize on a separate sheet any single item over \$1,000.)	\$.0	\$.00						
14.	Total Deductions (Add 13a–13g)	\$.0) \$.00			Estim	ated 20	J16	
15.	Net Profit (or Loss) (Line 12 minus line 14)	\$.0) \$.00	Ç	6				.00
16.	Your Share of Line 15 (Multiply line 15 by your percentage of ownership, question 6.)	\$.0) \$.00	5	5				.00

Farm Owners Only — Income and Expenses

The IRS line references are for 2014. For 2015, use the corresponding lines from 2015 IRS forms.

17.	Farm Income	2014 (Jan. 1–Dec. 31)	2015 (Jan. 1–Dec. 31)	Estimated 2016 (Jan. 1–Dec. 31)
	Profit (or loss) on sales of livestock and other items purchased for resale (from Form 1040, Schedule F, line 1e)	\$	\$.00	
	b. Sales of livestock and produce raised (from Schedule F, lines 2a and 2b)	.00	\$.00	
	c. Other farm income (from Schedule F, lines 3b, 4b, 5a, 5c, 6b, 6d, 7a, 7b, 8a, 8b)	.00	\$.00	
18.	Gross Income (Add 11a–11c) (from Schedule F, line 9)	\$.00	.00	
19.	Farm Expenses			
	a. Farm deductions less depreciation (from Schedule F, lines 10–13 and lines 15–32)	.00	\$.00	
	b. Depreciation (from Schedule F, line 14)	\$.00	\$.00	
20.	Total Expenses (Add 13a and 13b) (from Schedule F, line 33)	\$.00	\$.00	
21.	Net Farm Profit (or Loss) (Line 12 minus line 14) (from Schedule F, line 34)	\$.00	\$.00	
22.	Farm-Related Capital Gains (or Losses) from sale or exchange of livestock and farm machinery (from Form 1040, Schedule D)	.00	\$.00	Estimated 2016
23.	Net Profit (or Loss) (Add lines 15 and 16)	.00	\$.00	.00
24.	Your Share of Line 17 (Multiply line 17 by your percentage of ownership, question 6.)	\$.00	\$.00	\$.00

Stud	ent's	SSN

Business/Farm Assets

The figures you report in column C should reflect the fair market value of the business or farm (a reasonable estimate of what each asset is worth and could be sold for). Filers of IRS Form 1120, 1120S, or 1065 should refer to Schedule L to complete columns A and B. **If you don't file any of these IRS forms, you may leave columns A and B blank.**

1. Current Assets	Colu	mn A	Colu	mn B	Column C
		Book Value at Beginning of Tax Year 2015		Book Value at End of Tax Year 2015	Fair Market Value at End of Tax Year 2015
a. Cash and short-term investments		\$		\$	\$
b. Receivables (total)		\$		\$	\$
c. Allowance for bad debts		\$		\$	\$
d. Inventories		\$		\$	\$
Other current assets not included above (Do not include loans to partners or shareholders.)		\$		\$	\$
f. Total current assets (Add 1a,1b, 1d, and 1e, then subtract 1c)		\$		\$	\$

2. Fixed Assets

	Accumulated Depreciation	Book Value at Beginning of Tax Year 2015	Accumulated Depreciation	Book Value at End of Tax Year 2015	Fair Market Value at End of Tax Year 2015
a. Land		\$		\$	\$
b. Buildings (purchase price)		\$		\$	\$
c. Accumulated depreciation on buildings	\$		\$		
d. Machinery and equipment (purchase price)		\$		\$	\$
e. Accumulated depreciation on machinery	\$		\$		
f. Other fixed assets		\$		\$	\$
g. Total fixed assets (Add 2a, 2b, 2d, and 2f)		\$		\$	\$
h. Total depreciation (Add 2c and 2e)	\$		\$		

3. All Other Assets

	Book Value at Beginning of Tax Year 2015	Book Value at End of Tax Year 2015	Fair Market Value at End of Tax Year 2015
 Total loans to partners or shareholders listed in 5 on page 1 	\$	\$	\$
Itemize by partner or shareholder	\$	\$	\$
Name:	\$	\$	\$
Name:	\$	\$	\$
Name:	\$	\$	\$
Name:	\$	\$	\$
b. Loans to others than partners or shareholders	\$	\$	\$
c. All other assets	\$	\$	\$
d. Total other assets (Add 3a-3c)	\$	\$	\$

4. Total Assets

	Book Value at Beginning of Tax Year 2015	Book Value at End of Tax Year 2015	Fair Market Value at End of Tax Year 2015
a. Add 1f, 2g, and 3d	\$	\$	\$
b. Your share of total assets (Multiply line 4a by your percentage of ownership.)	\$	\$	\$

Business/Farm Liabilities Beginning of Tax Year 2015 End of Tax Year 2015 5. Liabilities a. Accounts payable .00 b. Other current debts c. Total current debts .00 (Add 5a and 5b) 6. Long-Term Liabilities (Don't include any amount listed above.) a. Mortgages on land and buildings (Don't include home mortgages.) .00 b. Debts secured by equipment .00 c. Loans from partner(s) or shareholder(s) Itemize by shareholder: .00 Name .00 .00 Name .00 Name .00 Name .00 d. Other debts e. Total long-term debts (Add 6a-6d) .00 7. Total Liabilities .00 (Add 5c and 6e) 8. Your Share of Total Liabilities (Multiply line 7 by your percentage of ownership.)

Remarks

Use this space to explain any special circumstances. If more space is required, attach a letter to this form.

Signatures

Parent's signature	 Date completed:	Day Month Year
Parent's signature	 Date completed:	Day Month Year

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