



Business/Farm Supplement

School Year 2017-2018

*Please attach 2015 schedule K-1 and 2015 forms 1120, 1120-S, 1065 or schedule C with this form.

Student's Information

Student's Name:

Student's ID Number:

Business Information

1. Name of Business/Farm:

2. Year Business/Farm was established:

3. Address of Business/Farm

Street Address

City, State and Zip Code

4. Type of Business:

- ☐ Sole Proprietorship (Attach 1040 schedule C/F)
- ☐ Partnership (Attach form 1065)
- ☐ C-Corporation (Attach form 1120)
- ☐ S-Corporation (Attach form 1120S)

5. Describe the principal product or service of the business/farm

6. What is your percentage of ownership? (Attach schedule k-1)

 %

7. Please provide the name(s) of owners and partners, their relationship to the parent(s) and their percentage of ownership.

Name	Relationship	Percentage

8. Number of employees in this business/farm:

9. Farm Owners: Do you live on the farm?

☐ Yes

☐ No

10. Business Owners: Is the business a part of your home?

☐ Yes

☐ No

If yes, what percentage of your home is claimed for business use?

 %

Detailed Business/Farm

11. Have you sold a portion of your business/farm?

☐ Yes

☐ No

12. Does this business own any real estate and/or land?

☐ Yes

☐ No

(Count only property owned by this business. Property owned personally should not be listed here)

Property Address (street, city, state, zip)	Year Aquired	Purchase Price	Current Value	Current Debt

13. What is TOTAL FAIR MARKET VALUE of this business/farm as of today? *(Please indicate the total fair market value of the ENTIRE BUSINESS, including your interest and the interest of ALL OTHER STAKEHOLDERS.)*

\$

14. What is the TOTAL OUTSTANDING DEBT of this business/farm as of today? *(Please indicate the total outstanding debt of the ENTIRE BUSINESS, including your portion of the debt and the portions of debt held by ALL OTHER STAKEHOLDERS.)*

\$

15. What is the NET WORTH of this business? *(Net Worth = Total Fair Market Value MINUS Total Outstanding Debt) Please indicate the total net worth of the ENTIRE BUSINESS, including your portion of the net worth and the portions of the net worth held by ALL OTHER STAKEHOLDERS)*

\$

Additional Information or Special Circumstances

16. Please provide any other information that you feel will assist the HMS Financial Aid Office in more accurately understanding the financial condition of this business/farm.

Signatures

Father/Step-Father

Date

Mother/Step-Mother

Date