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## Business/Farm Supplement School Year 202 -2

Student	dent's Name: CBFINAID	
x x x x x Internati	x Your school may ask for supporting docume including o U.S. Tax Filers = Form 1040, Schedules C, E, and F, Form 1120(S), Family drapplicable. o Non-U.STax Fiers = Income certificationResident Tax Forms x Business owers complete pages 1, 2 and 3.	
Busine	siness/Farm Information	
1.	1. Name of Business Farm(check one)	
2.	2. Location of Business/Farr(provide actual location, not mailing address if different):	
3.	Date Business Commenced or Farm Purchased:	
4.	4. DescribeProduct or Service:	
5.	5. Type of Business/Farn SoleProprietor Partnership Corporation Other	
6.	6. Number of Employees:	
7.	<ol> <li>Owners/PartnersListall owners/partners, including parent(s) and nparents, along with relationship tostudent If another business owns a percentage, make sure it is listed by additional owners, please list on a separate page.</li> </ol>	
	Name of owner/partner	
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	Name of owner/partner	
	Name of owner/partner	
ôΧ	ô X Is this business part of your home? Yes No	
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## Business - Itemized Expenses:

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## Farm - Itemized Expenses:

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