

## The Douglas J. Pokorney Farrier Participant Fund Participant Information

Name:			Social S	Social Security Number:			
(Las	st, First, Mid	dle initial)					
Street Address:			City:	State:	ZIP:		
Home Phone:			Email Address:				
Marital Status:	Single	Married	ed Number of children: Number in college:				
Statement of Ex	xperience	and Intent					
<ul><li>Details relate</li><li>Future use/</li></ul> Annual Income	sh to take the total ted to your of the Intention for and Other	ne Farrier progi experience with r knowledge le er Financial	ram? n horses, equine foot care, an arned from participating in th	ne farrier progran			
If yes, please provid	•			YES INU			
Tax Form Type:	1040	1040A or 1040	DEZ				
Participant's Earning	gs:	_ Number of E	xemptions: Spouse's	Earnings (if appli	cable):		
Adjusted Gross Inco	me (AGI): _		Federal Tax Paid: _				
If applicable: Social Security Benefits: Other Unta			Jntaxed Income:	d Income: Child Support Received:			
Assets							
Cash, Savings and Checking:			Investments:	Value		Debt	
IRA/Keogh:			Home:	Value		Debt	
Self Employed:	YES	NO	Home Purchase Ye	ar:	Price:		
Lives on a Farm:	YES	NO	Other Real Estate:	Valu	ne	Debt	
Has Business:	YES	NO	Business/Farm:	Valu	ne	Debt	
Expenses							
Child Support Paid:			Medical Expenses	Medical Expenses:			

Upload a copy of current federal taxes (i.e. 2022 tax return for 2023 Fall program session), including W2s.