

LOW INCOME PROTECTION PLAN
HARVARD LAW SCHOOL, WASSERSTEIN SUITE 5027
CAMBRIDGE, MASSACHUSETTS 02138
TEL: (617) 495-0643
lipp@law.harvard.edu

BUSINESS SUPPLEMENT FORM
**FOR USE IF SELF-EMPLOYED, WORKING AS A CONSULTANT,
STARTING A NON-PROFIT, OR WORKING IN A FAMILY BUSINESS**

Graduates who start their own practice should consult with the director of LIPP about their situation. In general, LIPP assistance is not available for a business start-up phase and the graduate is advised to obtain lender forbearances during that period. Once a tax return with all pertinent schedules is filed, you may submit those with an application to LIPP.

Jobs in the private sector may qualify for LIPP, but they must be full-time and law-related. Law-related is defined as follows:

- The distinctive intellectual skills acquired in a legal education are generally recognized as useful in the job; and
- Of those who hold this position, it is not unusual for them to be members of the legal profession.

For LIPP purposes your income is assumed to be Gross Receipts and Sales as reported on your tax return, minus up to a 25% allowance for documented business expenses. We expect that you will inform us promptly of any changes in the estimates provided here. Submitting complete tax returns is necessary to verify these estimates. LIPP awards will be adjusted retroactively based on verification of estimated income.

Please complete the following information:

Name: _____ Class Year: _____

Date entered LIPP: _____

Name of Business: _____

Address of Business: _____

Telephone: () _____ Email: _____

Date Business Started: _____ Website: _____

Describe Nature of Business: _____

Title/Job Duties: _____

BUSINESS SUPPLEMENT, page 2

Indicate Type of Business:

Sole Proprietorship ☐

Corporation ☐ Type: _____

Partnership ☐ List names of partners and percentage of ownership for each partner, including yourself:

Other ☐ _____

Number of hours worked per week, if less than full-time please explain: _____

INCOME & EXPENSES

Please provide estimates for the past award period as well as the next two award periods.

	Jan - June 2025	July - Dec 2025	Jan - June 2026
Gross Receipts and Sales:	_____	_____	_____
Other Business Income:	_____	_____	_____
Total Income:	_____	_____	_____
Total Expense (detail below):	_____	_____	_____

Note: please enter total Gross Receipts and Sales, if a Partnership we will calculate your share using the percentage indicated above.

Expense Details

Please estimate for the entire year (January 2025 – December 2025)

Rent on Business Property: _____

Salaries and Wages (list amounts, positions and date of hire)**: _____

List out-of-pocket medical expenses for you and your employees (list separately, if applicable):

Other expenses (itemized): _____

Total Expenses: \$ _____
