



STONEHILL COLLEGE

Student Financial Assistance

For Official Use Only
BINFO Status:

Business Ownership Information

Student Name: _____ **Stonehill ID #:** _____

Number of businesses owned _____

Name of Business #1 _____

Does family own and control more than 50% of the business (Y/N) _____

Does this business have 100 or fewer full-time or full-time equivalent employees (Y/N) _____

Enter type of tax return filed for this business (Schedule C, 1120S, 1065, 1120) _____

Your share of business value \$ _____ Your share of business debt \$ _____

What is your share of claimed expenses for car, travel, meal, business use of your home, and/or depreciation on Schedule C, 1065, 1120, or 1120S? _____

Names of other owners of business (please print)	Relationship to of other owners to yourself	% of ownership of business for this owner

Name of Business #2 _____

Does family own and control more than 50% of the business (Y/N) _____

Does this business have 100 or fewer full-time or full-time equivalent employees (Y/N) _____

Enter type of tax return filed for this business (Schedule C, 1120S, 1065, 1120) _____

Your share of business value \$ _____ Your share of business debt \$ _____

What is your share of claimed expenses for car, travel, meal, business use of your home, and/or depreciation on Schedule C, 1065, 1120, or 1120S? _____

Names of other owners of business (please print)	Relationship to of other owners to yourself	% of ownership of business for this owner

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Name of Business #3 _____

Does family own and control more than 50% of the business (Y/N) _____

Does this business have 100 or fewer full-time or full-time equivalent employees (Y/N) _____

Enter type of tax return filed for this business (Schedule C, 1120S, 1065, 1120) _____

Your share of business value \$ _____ Your share of business debt \$ _____

What is your share of claimed expenses for car, travel, meal, business us of your home, and/or depreciation on Schedule C, 1065, 1120, or 1120S? _____

Names of other owners of business (please print)	Relationship to of other owners to yourself	% of ownership of business for this owner

Name of Business #4 _____

Does family own and control more than 50% of the business (Y/N) _____

Does this business have 100 or fewer full-time or full-time equivalent employees (Y/N) _____

Enter type of tax return filed for this business (Schedule C, 1120S, 1065, 1120) _____

Your share of business value \$ _____ Your share of business debt \$ _____

What is your share of claimed expenses for car, travel, meal, business us of your home, and/or depreciation on Schedule C, 1065, 1120, or 1120S? _____

Names of other owners of business (please print)	Relationship to of other owners to yourself	% of ownership of business for this owner

Parent Signature _____ Date _____

Student Signature _____ Date _____

Please return within 10 days of request in PDF format to finaid@stonehill.edu (enter Stonehill ID and Student Name in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357. Photographed documents sent via email will not be accepted.