



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 \$ _____

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 \$ _____

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

OVER ...

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 \$ _____

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 \$ _____

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