2023-2024 BUSINESS/SELF-EMPLOYMENT SUPPLEMENT

PLEASE RETURN TO SCHOLARSHIP AND FINANICAL AID OFFICE

Student Name: _____ SSN: _____

BUSINESS INFORMATION

Name of Business: _____

Name of Business Owner: _____

Relationship to Student: _____ Date Business Commenced: _____

Business Address: _____

Number Street City State Zip Code

Type of Business: ↑ Sole Proprietorship ↑ Corporation ↑ Partnership

Indicate Type_____ No. of Employees_____

Percentage of Ownership: _____ Principal Product or Service: _____

If partnership, give name (s) of partners and their percentage of ownership (also, please include form 1065 of your IRS partnership tax return – pages 1-4): _____

_____

ASSETS AND DEBTS

Assets and debts are-3 7(_)-6 (_)7(_)-6 (1q0 0 612 reW BT/TT1 9 0 Tf52.3nBT/TT1 9 0 Tf52.32reW BT/TT1 9 0 Tf52.3nBT/TT1 9 0 Tf52.32reW