



**St. John's University  
Office of Student Financial Services  
Business Supplement**

Student Name: \_\_\_\_\_ ID Number X \_\_\_\_\_

Submit form by securely uploading to: [www.stjohns.edu/SFSdocumentupload](http://www.stjohns.edu/SFSdocumentupload)

*Please do not submit originals of any supporting documentation. Originals cannot be returned.*

According to the tax return transcript submitted, you have a business. Please note that if you own more than one business, you should submit a Business Supplement for each business owned. Complete all questions listed below as they pertain to:

[  ] Parent business [  ] Student business (and spouse if applicable)  
Please attach a copy of Schedule C or Schedule E of Federal tax return transcript or corporate tax return.

1. Type of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership ( \_\_\_\_\_ %) \_\_\_\_\_ Corporation

2. Name of Business \_\_\_\_\_

**STATEMENT OF FAMILY OWNED BUSINESS  
(Less than 100 Full-time Employees)**

I \_\_\_\_\_ do hereby certify that I am the owner of a family owned and controlled small business (or part of such a small business) with less than 100 full-time employees or full-time equivalent employees.

\_\_\_\_\_  
Business Owner Signature

**OR** *If you do not qualify for the above exclusion, please provide the value of your business as of the date of FAFSA filing.*

**VALUE OF BUSINESS  
(As of date of FAFSA filing)**

Value of Business (if sold) \_\_\_\_\_  
Include all equipment (i.e. computer, car, office equipment)

Business Debt only \_\_\_\_\_

Form must be signed by student, student's spouse if applicable, and parents if student is dependent.

**CERTIFICATION:** I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize financial aid eligibility and subject me (us) to federal penalties.

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE DATE

\_\_\_\_\_  
PARENT 1 SIGNATURE DATE

\_\_\_\_\_  
PARENT 2 SIGNATURE DATE