BUSINESS VERIFICATION FORM

__________________________________________________________

Student’s name ____________________________ WCU ID # ____________________________

[ ] Parent of the above Dependent student  [ ] Independent student (& Spouse if applicable)

Complete one Business Verification Form for each Partnership, S Corporation or C Corporation in which you have an ownership interest! Feel free to photocopy this form. Do NOT report a Sole Proprietorship (schedule C filers)!

Check one answer per business entity. The business entity listed below is a:

[ ] Partnership – Attach a signed, legible copy of federal Form 1065 & K1
[ ] Small (S) Corporation – Attach a signed, legible copy of federal Form 1120S & K1
[ ] Regular Corporation – Attach a signed, legible copy of federal Form 1120

Section A:
The legal name of this business entity is: _______________________________________________.

List the name of each person (include yourself) who has an ownership interest in this partnership or S Corporation. Also, give their relationship to you (e.g. brother, uncle or none) and the percentage of ownership for each owner.

NAME: ______________________________________________________________________
RELATIONSHIP TO YOU: ____________________________ PERCENT OF OWNERSHIP: __________

1.__________________________________________________________________________
2.__________________________________________________________________________
3.__________________________________________________________________________
4.__________________________________________________________________________
5.__________________________________________________________________________
6.__________________________________________________________________________

Section B:
How many people are employed by this business? I certify that this company has ___________ employees!

If this company is now defunct, or if you have sold all of your ownership interest you must attach documentation!

X____________________________________ Date:______________

Student

X____________________________________ Date:______________

Parent (if applicable)

If you do not meet the federal criteria and you sign this form you will be committing fraud (a felony)!

**Failure to submit all documents requested will result in the delay or cancellation of any awarded financial aid.**

RAF/raf 02/15/12