



APPLICATION AND INITIAL ASSESSMENT FOR EMPLOYMENT RETENTION CREDITS

Business Legal Name: _____

Type of Business: C Corp S Corp Sole Proprietorship Partnership Non-Profit Other

Primary Contact: _____ Email Address: _____ Business Ph: _____

Business Address: _____ Business TIN (EIN, SSN): _____

Payroll Provider: _____ Business's Primary Activity: _____

- Does the business owner/s have any other business in which the owner has a 50% or greater interest? (circle one) Y/N
- If so, please provide the other business names, number of employees, and ownership percentages for each additional business:

- Since the COVID-19 National Emergency Declaration on March 13, 2020, were operations fully or partially suspended due to a mandated shutdown? (circle one) **Yes/No**

- Please describe government mandated shutdown orders below and provide start and end dates for those orders below and provide start and end dates for the orders:

Start Date:

End Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- What is the number of full-time employees for the business in 2019? _____
- What is the number of part-time employees for the business in 2019? _____
- Was this business considered an essential business for purpose of the government mandated shutdown? (circle one) Y/N
- If the business was considered essential, was the business affected by a lack of supplies or materials? (circle one) Y/N

➤ Please provide total gross revenues, including interests, dividends, royalties, gain on sale of assets and annuities. Do not include anything from the Paycheck Protection Program (PPP):

Quarter 1, 2019	_____
Quarter 2, 2019	_____
Quarter 3, 2019	_____
Quarter 4, 2019	_____
Quarter 1, 2020	_____
Quarter 2, 2020	_____
Quarter 3, 2020	_____
Quarter 4, 2020	_____
Quarter 1, 2021	_____
Quarter 2, 2021	_____
Quarter 3, 2021	_____
Quarter 4, 2021	_____

➤ Did the applicant receive funding through the Paycheck Protection Program (PPP)? (circle one) **Y / N**

➤ If PPP funds were received, what was the amount of the first loan? _____

➤ What was the amount of the first loan that was forgiven? _____

➤ If the applicant received a first round of the PPP funding, what was the start and end date for the covered period?

Start Date: _____ **End Date:** _____

➤ If PPP funds were received, what was the amount of the second loan? _____

➤ What was the amount of the second PPP loan that was forgiven? _____

➤ If the applicant received a second round of the PPP funding, what was the start and end date for the covered period?

Start Date: _____ **End Date:** _____

➤ **Were funds received by the applicant for the following programs?**

- Did the applicant receive a Research and Development Tax Credit? (circle one) **Y / N**
- Did the applicant receive credits from the Family First Act Wage/Family Leave Credit? (circle one) **Y / N**
- Veterans Tax Credit? (circle one) **Y / N**
- Any other Federal funding from COVID-19 reasons? (circle one) **Y / N**

Any additional information: _____

Signature: _____ **Date:** _____

By my signature above, I certify the information I have provided on and in connection with this form is true and correct to the best of my knowledge.