

EMPLOYEE RETENTION CREDIT INFORMATION SHEET

LEGAL NAME OF BUSINESS:

CURRENT BUSINESS ADDRESS:

PREVIOUS BUSINESS ADDRESS:

(If there is no previous address please fill in with N/A)

PLEASE LIST ALL OWNERS AND THEIR % OWNED	Ownership %	OWNER NAMES:

CONTACT INFO OF PERSON(S) IN CHARGE OF SIGNING LEGAL DOCUMENTS

NAME
 PHONE
 EMAIL

NAME
 PHONE
 EMAIL

START DATE OF BUSINESS OPERATION:

DESCRIPTION OF BUSINESS OPERATIONS:

DID THE COMPANY RECEIVE ANY OTHER COVID GRANTS OR FUNDING, OTHER THAN PPP? IF SO PLEASE LIST THEM AND THEIR AMOUNTS

WAS THE COMPANY MANDATED TO REDUCE OCCUPANCY, PARTIALLY SHUTDOWN OR FULLY SHUTDOWN OPERATION DURING COVID19? IF SO, PLEASE PROVIDE ALL SHUTDOWN PERIODS.

YES NO

Periods Shutdown

DID THE COMPANY RECEIVE PPP1 & PPP2? IF SO, PLEASE FILL OUT THE BELOW CHART

	AMOUNT	DATE RECEIVED	FORGIVEN	WHAT WAS YOUR PPP COVER PERIOD FOR THE FORGIVENESS?
PPP 1				
PPP 2				

