

Employee Retention Credit (ERC) Intake Form



Date:	
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Business Name:	
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Current Business Address:	
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PRIMARY CONTACT INFORMATION

Name (First Last):	
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Phone Number:	
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Email Address:	
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EMPLOYEES

	12/31/19	3/31/21	6/30/21	9/30/21
How many employees did you have at quarter ended:				

Who is your payroll provider?	
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How often do you pay employees?	
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Does the business pay for health insurance for employees?	
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Do you have a self insured medical plan?	
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Did you utilize the R&D Credit, Work Opportunity Credit, or Empowerment Zone Credit at any point during 2020 - 2021?	
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OWNERSHIP (IF MORE THAN 5 PLEASE ATTACH OWNERSHIP SCHEDULE)

Owner Name	Ownership %

EMPLOYED FAMILY MEMBERS OF OWNERS (EX. CHILD, COUSIN, STEP-CHILD, INLAW, ETC.)

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PAYROLL PROTECTION PROGRAM (PPP)

	1st Draw PPP	2nd Draw PPP
Did you receive PPP funds?		
Date you received PPP funds:		
Amount of funds you received:		
Has the PPP loan forgiveness application been submitted?		
Covered Period Start Date (if forgiveness submitted):		
Covered Period End Date (if forgiveness submitted):		

REVENUE

Accounting method on most recent tax return:	
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Quarterly Revenue (based on above accounting method)	Q1	Q2	Q3	Q4
2019				
2020				
2021				

PAYROLL TAX FORM 941

Line 5a, Taxable social security wages	Q1	Q2	Q3	Q4
2020				
2021				

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