



Advisor: _____

Employee Retention Credit Applicant Questionnaire

Business Legal Name		
Type of Business:		
C Corp	S Corp	Sole Proprietorship
LLC	Non-Profit	Other
Primary Contact	E-mail Address	Business Phone
Business Address	Business TIN (EIN, SSN)	Payroll Provider

Financial / Operations Section	Response	
1. Primary Business Activity?		
2. Does the ownership of this entity also have 50% or greater ownership in another entity(entities) whereas the cumulative number of employees exceeds 500?		
3. In what States and Counties does the Applicant have business operations or conduct business?		
4. Since the COVID-19 National Emergency Declaration issued on March 13, 2020, has the Applicant been ordered to shut down or suspend operations by a State or Local Authority?		
4a. If the response to the above question is "Yes", which State or Local Authority issued the shutdown?		
4b. Note the Start and End Dates of the shutdown orders above:	Start Date:	End Date:
4c. Additional shutdown order dates:	Start Date:	End Date:
4d. Additional shutdown order dates:	Start Date:	End Date:
5. Number of Full-Time W-2 Employees		

6. Names and relationships of family member employees		
7. At any time since March 13, 2020, has the Applicant been ordered by a State or Local Authority, to significantly modify or alter its normal operations?		
7a. If the response to the above question is "Yes", provide the Start and End dates for the order. If the order is on- going, note the Start Date and write "presently on-going".	Start Date:	End Date:
7b. Additional significant modification or alter operations order dates:	Start Date:	End Date:
7c. Additional significant modification or alter operations order dates:	Start Date:	End Date:
8. If your business operations were required to be altered, respond "Yes" or "No" to the following:		
8a. Was the number of people permitted in a location at one time reduced or capped to a certain amount?		
8b. Service restricted to outdoors only?		
8c. Were you required to reconfigure employee workspaces?		
8d. Other, describe:		
Ownership / Related Entities Section	Response	
9. Detail the ownership structure of the Applicant, listing all owners and any entities that maintain an ownership interest in the Applicant, and what percentage of ownership is retained by each owner:		
9a. Are any of the above owners controlled or owned by either the Federal Government or a State Level Government?		
9b. Is the Applicant business an Estate or Trust? If "Yes", list the appropriate entity.		

PPP and Other Assistance Section	Response	
10. Did Applicant receive a loan through the Paycheck Protection Program (PPP)?		
10a. If the response to the above question is "Yes", what was the amount of the loan?		
10b. If the Applicant received a loan through the PPP, what was the Start and End Date of the relevant "cover period"?	Start Date:	End Date:
11. If the Applicant received a loan through the PPP, has the Applicant applied for loan forgiveness?		
11a. If the response to the above question is "Yes", what is the amount that was forgiven?		
12. Did Applicant receive a 2 nd loan through the Paycheck Protection Program (PPP)?		
12a. If the response to the above question is "Yes", what was the amount of the loan?		
12b. If the Applicant received a loan through the PPP, what was the Start and End Date of the relevant "cover period"?	Start Date:	End Date:
13. If the Applicant received a loan through the PPP, has the Applicant applied for loan forgiveness?		
13a. If the response to the above question is "Yes", what is the amount that was forgiven?		

PPP and Other Assistance Section (cont.)	Response	
14. At any point in the Year 2020, has the Applicant received any funds from the following programs? If Yes, list the amounts received.		
14a. R&D Tax Credit		
14b. Family First Act (FFCRA) Wage/ Family Leave Credit		
14c. Veterans 941 Tax Credit		

14d. List the relevant employees who were related to the Tax Credits listed above and the Dates for which the credit was applied:	
15. At any point in the Year 2021, has the Applicant received any funds from the following programs? If Yes, list the amounts received.	
15a. R&D Tax Credit	
15b. Family First Act (FFCRA) Wage / Family Leave Credit	
15c. Veterans 941 Tax Credit	
15d. List the relevant employees who were related to the Tax Credits listed above and the Dates for which the credit was applied:	
16. Has Employer applied for W.O.T.C.? (Worker Opportunity Tax Credit)	
17. Have any employees applied for Sick Leave?	
18. Monthly Health Insurance Premiums?	
19. Average # of 2019 full-time employees?	
20. Is anyone on the payroll an owner or relatives of the owner? If so, who are those individuals?	

Business Narrative: (Please explain all nominal impact disruptions and supply chain issues that have negatively affected your business along with the subsequent time period.)

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|-------------|----|----|----|---------------|-------------|----|----|----|
| 2020 | Q2 | Q3 | Q4 | <i>and/or</i> | 2021 | Q1 | Q2 | Q3 |
|-------------|----|----|----|---------------|-------------|----|----|----|
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|-------------|----|----|----|---------------|-------------|----|----|----|
| 2020 | Q2 | Q3 | Q4 | <i>and/or</i> | 2021 | Q1 | Q2 | Q3 |
|-------------|----|----|----|---------------|-------------|----|----|----|
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|-------------|----|----|----|---------------|-------------|----|----|----|
| 2020 | Q2 | Q3 | Q4 | <i>and/or</i> | 2021 | Q1 | Q2 | Q3 |
|-------------|----|----|----|---------------|-------------|----|----|----|
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|-------------|----|----|----|---------------|-------------|----|----|----|
| 2020 | Q2 | Q3 | Q4 | <i>and/or</i> | 2021 | Q1 | Q2 | Q3 |
|-------------|----|----|----|---------------|-------------|----|----|----|
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|-------------|----|----|----|---------------|-------------|----|----|----|
| 2020 | Q2 | Q3 | Q4 | <i>and/or</i> | 2021 | Q1 | Q2 | Q3 |
|-------------|----|----|----|---------------|-------------|----|----|----|

CERTIFICATIONS

The Authorized Representative of the Applicant Business must certify to all the below by initialing next to each item:

I certify that I have the required authority to sign and submit this questionnaire on behalf of the Applicant.

I certify the information provided in this questionnaire and in all supporting documentation is true and correct in all material respects. I make this certification after reasonable inquiry, people, systems, and other information available to the Applicant.

As the Authorized Representative on behalf of the Applicant, we recognize and agree to hold harmless Lifetime Advisors, its employees, and officers, from any damages, monetary or otherwise, that may arise as a result of incorrect information supplied by the Applicant in relation to the activity of obtaining an ERC Tax Credit from the Internal Revenue Service.

Signature of Authorized Representative

Print Name

Title of Authorized Representative

Date