

• EMPLOYEE RETENTION TAX CREDIT SURVEY

COMPANY OVERVIEW INFORMATION

- Legal Entity Name of a Business * _____
- Legal Entity Address * _____
- DBA (if applicable) _____
- CEO Name * _____
- Primary - One Email Only * _____
- Contact Phone * _____

Do you contract with a PEO for your employees? * ☐ YES ☐ NO

- | | |
|--|---|
| 1. Number of Employees Q2 – 2020 * _____ | 10. QTR Payroll Amount Q2 – 2021 * _____ |
| 2. QTR Payroll Amount Q2 – 2020 _____ | 11. Number of Employees Q3 – 2021 * _____ |
| 3. Number of Employees Q3 – 2020 * _____ | 12. QTR Payroll Amount Q3 – 2021 * _____ |
| 4. QTR Payroll Amount Q3 – 2020 * _____ | 13. <i>Owner's Wages Paid</i> Q2 - 2020 * _____ |
| 5. Number of Employees Q4 – 2020 * _____ | 14. <i>Owner's Wages Paid</i> Q3 – 2020 * _____ |
| 6. QTR Payroll Amount Q4 – 2020 * _____ | 15. <i>Owner's Wages Paid</i> Q4 – 2020 * _____ |
| 7. Number of Employees Q1 – 2021 * _____ | 16. <i>Owner's Wages Paid</i> Q1 – 2021 * _____ |
| 8. QTR Payroll Amount Q1 – 2021 * _____ | 17. <i>Owner's Wages Paid</i> Q2 – 2021 * _____ |
| 9. Number of Employees Q2 – 2021 * _____ | 18. <i>Owner's Wages Paid</i> Q3 – 2021 * _____ |

• WAGES EARMARKED FOR PPP FORGIVENESS

1. 1st Round PPP | Amount Received * _____
2. 1st Round PPP | Amount Towards Wages * _____
3. 2nd Round PPP | Amount Received * _____
4. 2nd Round PPP | Amount Towards Wages * _____
5. What cover period was used when applying for forgiveness of the 1st PPP Loan? Start Date _____
6. What cover period was used when applying for forgiveness of the 2nd PPP Loan? Start Date: _____

YES OR NO QUESTIONS

1. Was the business deemed non-essential during full or partial government shutdown?

• ☐ YES ☐ NO
2. Was the business deemed nonessential, but had trouble sourcing equipment, supplies, etc?

• ☐ YES ☐ NO

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OTHER YES OR NO

3. Experienced a full shutdown
• ☐ YES ☐ NO
4. Experienced a partial shutdown
• ☐ YES ☐ NO
5. Experienced interrupted operations
• ☐ YES ☐ NO
6. Experienced supply chain interruptions
• ☐ YES ☐ NO
7. Inability to access equipment
• ☐ YES ☐ NO
8. Limited capacity to operate
• ☐ YES ☐ NO
9. Inability to work with your vendors
• ☐ YES ☐ NO
10. Reduction in services or goods offered to your customers
• ☐ YES ☐ NO
11. Cut down in your hours of operation
• ☐ YES ☐ NO
12. Shifted hours to increase sanitation of your facility
• ☐ YES ☐ NO