CHECKLIST TO COMPLETE THE LOAN FORGIVENESS APPLICATION REFER TO APPLICATION INSTRUCTIONS FOR REQUIRED SUPPORTING DOCUMENTATION

| Compa | ny and Loan Information of Borrower |
|---------|---|
| | Business Legal Name (must match the name on the PPP Loan Application) |
| | DBA or Tradename, if applicable |
| | Business Address (Street, City, State, Zip) |
| | Business TIN (EIN, SSN) |
| | Business Phone |
| | Primary Contact |
| | E-mail Address |
| | SBA PPP Loan Number (10 digits assigned by the SBA) |
| | Lender PPP Loan Number (loan number assigned by your Bank) |
| | PPP Loan Amount |
| | PPP Loan Disbursement Date |
| | Employees at Time of Loan Application |
| | Employees at Time of Forgiveness Application |
| | EIDL Advance Amount |
| | EIDL Application Number |
| | Payroll Schedule: Weekly / Biweekly / Twice a month / Monthly / Other |
| | Covered Period (8- or 24-week date range starting with the Loan Disbursement Date) |
| | Alternative Payroll Covered Period, if applicable (8- or 24-week period that begins on the first day |
| | of the first pay period following the Loan Disbursement Date) |
| | |
| Payroll | and FTE Information |
| | and FTE Information the Covered Period or Alternative Covered Period: |
| | the Covered Period or Alternative Covered Period: Cash Compensation paid to employees, including adjustment for those paid more than an |
| For | the Covered Period or Alternative Covered Period: Cash Compensation paid to employees, including adjustment for those paid more than an annualized rate of \$100,000 |
| For | the Covered Period or Alternative Covered Period: Cash Compensation paid to employees, including adjustment for those paid more than an annualized rate of \$100,000 Average FTE |
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| For | the Covered Period or Alternative Covered Period: Cash Compensation paid to employees, including adjustment for those paid more than an annualized rate of \$100,000 Average FTE Salary/Hourly Wage Reduction (if any) Total amount paid by Borrower for employer contributions for employee health insurance |
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