

PPP Loan Forgiveness

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Module Outline

- PPP Forgiveness Changes How did we get here? (UPDATE 10/8 NEW FORM 3508S)
- Forgiveness Application Practical Tips (UPDATE 10/8 NEW FORM 3508S)
- Choosing the Right Forgiveness Form Who may use Form EZ? (UPDATE 10/8 NEW FORM 3508S)
- Choosing the Right Covered Period
- Employee Payroll Costs
- Partners, Self-Employed Individuals, Owner-Employees And Independent Contractors
- Non-Payroll Costs
- Supporting Documents Payroll including partners, self-employed individuals, and owner-employees
- Supporting Documents Non-Payroll
- Form 3508 Schedule A and Schedule A Worksheet
- Safe Harbors and Exceptions From Forgiveness Reduction
- Forgiveness Reduction due to Reduction in Employees or Hours
- Forgiveness Reduction due to Salary/Wage Reductions
- Forgiveness Reduction Wrap-Up

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PPP Forgiveness Changes - How did we get here?

PPP Forgiveness Changes - How did we get here?

PPP Applications · Begin . April 3rd ·

- 8-weeks
- 75% payroll requirement
- Had to reverse reductions in FTE and wages prior to June 30, 2020 or forgiveness reduced proportionately

PPP Flexibility Act

•

•

June 5th

• Exemptions for employee/salary reductions

60% payroll requirement

• Extended deadlines to reduce reductions in FTE and wages to December 31, 2020

8-weeks or 24-weeks (latest December 31, 2020)

3058 Application	3508 EZ June 18th	3508S October 8th	
May 15th	No calculation of reduction of forgiveness due to reduction of	Simplified form for loans \$50,000 or less so long as borrower,	Further simplified process?
	headcount or wages. Schedule A and Schedule A Worksheet unnecessary.	together with its affiliates, received PPP loans totaling less than \$2,000,000	HEALS or HEROES Act?

PRACTICAL TIP #1:

TIME IS ON YOUR SIDE

Have up to 10 months after the end of your Covered Period to file for forgiveness before you have to start paying principal and interest.

PRACTICAL TIP #2:

CHOOSE THE RIGHT FORM

If your loan is \$50,000 or less and you and your affiliates received PPP loans totalling less than \$2 million, use form 3508S. If you cannot qualify for form 3508S, which is the most simple PPP forgiveness form, form 3508 EZ really is easier than 3508. Consider effects of different covered periods, the safe harbor and exemptions that may allow you to qualify for Form EZ.

PRACTICAL TIP #3:

LESS IS JUST FINE

Make your application and supporting materials as clean and simple as possible.

Choosing The Right Forgiveness Form

On Oct. 8, 2020, the SBA came out with a new, simplified form - 3508S.

Any borrower with an individual PPP loan of \$50,000 or less AND that, together with its affiliates did not receive PPP loans totaling \$2 million or greater, qualifies to use Form 3508S **REGARDLESS** of whether the borrower reduced staff or salaries.

If you did reduce staff or salaries, Form 3508S allows you to avoid any reduction in your PPP forgiveness amount regardless of such reduction. 3508S is even easier than form 3508 EZ and if qualify, 3508S is the form you should use.

The supporting documentation you must supply to the bank is the same as 3508EZ and 3508, but the completion of form 3508S itself is very simple.

Self-employed, independent contractor or sole proprietor who has no employees;

OR

A borrower with no reductions of salaries or wages by more than 25% during the Covered Period (or Alternative Covered Period) compared to the period between January 1, 2020 and March 31, 2020

AND

Α

Borrower did not reduce the number of employees or paid hours of employees between January 1 2020 and the end of the Covered Period (See safe harbors and exceptions)

OR

Β

Borrower was unable to operate during the Covered Period at the same level of business activity as before February 15, 2020 due to Health and Human Services, CDC or OSHA requirements or guidance assessed between March 1, 2020 and December 31, 2020 related to the maintenance of sanitation, social distancing, or any other work or customer safety requirements related to COVID-19



SBA Interim Rule June 26, 2020

"Borrowers that can certify that they have documented *in good faith* that their reduction in business activity during the Covered Period stems directly *or indirectly* from compliance with COVID Requirements or Guidance are exempt. . ."

Documentation *must* include:

Copies of applicable COVID Requirements or Guidance for each business location;

AND

Relevant borrower financial records.

Choosing The Right Covered Period

Choosing the Right Covered Period



Borrowers may elect an <u>Alternative Payroll Period</u> that begins on the first day of the first payroll cycle after disbursement of the PPP loan and ends on the day 8-weeks or 24-weeks thereafter, as applicable.

Alternative Payroll Period <u>only applies to payroll costs</u> and may only be used for payroll periods that are bi-weekly or more frequent.

Choosing the Right Covered Period

8-Weeks:

- Only for loans receiving an SBA loan number on or before June 5, 2020.
- Desirable if you spent all your PPP funds on eligible costs, meet the 60% payroll threshold and didn't reduce salary or headcount during the 8-week period or qualify for a safe harbor or exception.
- Less calculations and supporting documentation required.
- No questions about PPP continuing FTE obligations.

24-Weeks:

- Increases forgiveness expenses up to an additional 16-weeks (but not past December 31).
- More expenses likely to compensate for reductions of employees or salary.
- Allows you to take advantage of longer opportunity to restore FTE (up to December 31).
- You may apply before end of 24-weeks. Salary reductions extrapolated out. Application silent on FTE reduction.

Employee Payroll Costs

Employee Payroll Costs – <u>Not Less</u> than <u>60%</u> of forgivable expenses but could be up to <u>100%</u>

May Include:

- Salary, wage, cash tips, commissions, bonuses and hazard pay (use gross amount before deductions for taxes, employee benefits and similar payments)
- Payments for vacation, parental, family, medical or sick leave
- Allowance for dismissal or separation
- Employer contributions to health insurance
- Employer contributions to employee retirement plans
- Employer payments of state and local taxes assessed on employee compensation

Do NOT Include:

- Qualified sick or family leave that was allowed under the Families First Coronavirus Response Act
- Cash compensation (not including health insurance or retirement contributions) of an individual employee in excess of \$100,000 as prorated for the covered period (i.e. don't exceed \$46,154 for 24-week or \$15,384 for 8-week)
- Any compensation for an employee whose principal residence is outside the United States
- Employee contributions to health insurance or retirement plans or state or local withholding

Incurred and Paid:

Include payroll cost if they are incurred before but paid during the covered period **AND** if they are incurred during the covered period and paid on or before the next regular payroll after the covered period.

Partners, Self-Employed Individuals, Owner-Employees And Independent Contractors

Partners, Self-Employed Individuals, Owner-Employees And Independent Contractors

- For borrowers that received a PPP loan before June 5, 2020 and elect to use an eight-week covered period, the amount of loan forgiveness requested for owner-employees and self-employed individuals' payroll compensation is capped at eight weeks' worth (8/52) of 2019 compensation (i.e., approximately 15.38 percent of 2019 compensation) or \$15,385 per individual, whichever is less, in total across all businesses.
- For all other borrowers, the amount of loan forgiveness requested for owner-employees and self-employed individuals' payroll compensation is capped at 2.5 months' worth (2.5/12) of 2019 compensation (i.e., approximately 20.83 percent of 2019 compensation) or \$20,833 per individual, whichever is less, in total across all businesses.
 - **C-corporation** owner-employees are capped by the amount of their 2019 employee cash compensation and employer retirement and health insurance contributions made on their behalf.
 - S-corporation owner-employees are capped by the amount of their 2019 employee cash compensation and employer retirement contributions made on their behalf, but employer health insurance contributions made on their behalf cannot be separately added because those payments are already included in their employee cash compensation.
 - Schedule C or F filers are capped by the amount of their owner compensation replacement, calculated based on 2019 net profit.
 - **General partners** are capped by the amount of their 2019 net earnings from self-employment (reduced by claimed section 179 expense deduction, unreimbursed partnership expenses, and depletion from oil and gas properties) multiplied by 0.9235.
 - For **self-employed individuals**, including Schedule C or F filers and general partners, retirement and health insurance contributions are included in their net self-employment income and therefore cannot be separately added to their payroll calculation.

See also Question #8 from SBA August 4, 2020 FAQ -

https://www.sba.gov/sites/default/files/2020-08/PPP%20Loan%20Forgiveness%20FAQs%208-4-20-508.pdf

Non-Payroll Forgivable Costs

Non-Payroll Forgivable Costs – <u>Not greater</u> than <u>40%</u> of forgivable expenses

Business Interest Mortgage Payments (Line 2)

Business mortgage interest payments paid or incurred during the Covered Period for any business mortgage obligation on real or personal property in place before February 15, 2020. No forgiveness for any prepayment or payment of principal.

Business Rent or Lease Payments (Line 3)

Business rent or lease payments for real or personal property during Covered Period. Must be obligated under a leasing agreement in force before February 15, 2020.

Business Utility Payments (Line 4)

Payment for electricity, gas, sewage, water, transportation, telephone (cell phone or landline) or internet access service which began before February 15, 2020.

Incurred and Paid:

Includes non-payroll expenses 1) paid during the Covered Period or 2) incurred during the Covered Period and paid on or before the next regular billing date, even if the billing date is after the Covered Period.

Cashin White

Director of SBA Lending, BOK Financial



Supporting Documents – Payroll Including Partners, Self-Employed Individuals, And Owner-Employee

Payroll Costs

- A) Internal payroll reports and bank statements
- **B)** Third-party payroll service provider report
- C) Payroll tax fillings reported to the IRS (generally form 941) and state quarterly income, payroll, and unemployment insurance filings for periods that overlap with the Covered Period
- D) State quarterly business and individual employee wage reporting and unemployment insurance tax fillings
- E) Payment receipts, cancelled checks, or account statements documenting the amount of employer contributions to employee health insurance and retirement plans (that are included)

Requires A, C, D & E, or B & E, and any information from C or D that is not already included in B.

Payroll Costs

QUESTION:

If I don't have any payroll tax filings (typically Form 941) available at the time I apply for forgiveness, may I instead use reports provided by my payroll services company to prove out my payroll during the covered period?

ANSWER:

Yes, so long as the time periods provided overlap with the Covered Period or Alternative Covered Period.

Payroll Costs Examples

Internal Payroll Reports

Employee information Payroll April 9, 2020 - June 1, 2020

Employee ID	Name	Cash Compensation During Period	Employee Contributions to Health Insurance	Employer Contributions to Health Insurance	401K Contributions BY EMPLOYEE	401K Contributions BY EMPLOYER	Employer State Taxes	Employee State Taxes	Federal Taxes	Social Security Tax (Percentage)	Medicare Tax (Percentage)	Total Payroll
1	Mark Coyne	\$15,385.00	\$ 761.00	\$ 1,111.00	\$ 1,000.00	\$ 560.00	\$ 769.25	\$ 769.25	\$ 3,384.70	\$ 953.87	\$ 190.77	\$24,884.84
2	Wayne Coyne	\$15,385.00	\$ 761.00	\$ 1,112.00	\$ 2,000.00	\$ 555.00	\$ 769.25	\$ 769.25	\$ 3,384.70	\$ 953.87	\$ 190.77	\$25,880.84
3	Michael Ivins	\$12,087.86	\$ 761.00	\$ 1,111.00	\$ 3,000.00	\$ 555.00	\$ 604.39	\$ 604.39	\$ 1,450.54	\$ 749.45	\$ 149.89	\$21,073.53
4	Steven Drozd	\$12,087.86	\$ 761.00	\$ 1,111.00	\$ 1,000.00	\$ 555.00	\$ 604.39	\$ 604.39	\$ 1,450.54	\$ 749.45	\$ 149.89	\$19,073.53
5	Derek Brown	\$12,087.86	\$ 761.00	\$ 1,111.00	\$ 500.00	\$ 555.00	\$ 604.39	\$ 604.39	\$ 1,450.54	\$ 749.45	\$ 149.89	\$18,573.53
6	Jake Ingalls	\$12,087.86	\$ 761.00	\$ 1,111.00	\$ 200.00	\$ 555.00	\$ 604.39	\$ 604.39	\$ 1,450.54	\$ 749.45	\$ 149.89	\$18,273.53
7	Matt Kirksey	\$12,087.86	\$ 761.00	\$ 1,111.00	\$ 100.00	\$ 555.00	\$ 604.39	\$ 604.39	\$ 1,450.54	\$ 749.45	\$ 149.89	\$18,173.53
8	Nick Ley	\$12,087.86	\$ 761.00	\$ 1,111.00	\$ 300.00	\$ 555.00	\$ 604.39	\$ 604.39	\$ 1,450.54	\$ 749.45	\$ 149.89	\$18,373.53
9	Ray Suen	\$12,087.86	\$ 761.00	\$ 1,111.00	\$ 400.00	\$ 555.00	\$ 604.39	\$ 604.39	\$ 1,450.54	\$ 749.45	\$ 149.89	\$18,473.53
10		\$ 115,385.02	\$ 6,849.00	\$ 10,000.00	\$ 8,500.00	\$ 5,000.00	\$ 5,769.25	\$ 5,769.25	\$ 16,923.20	\$ 7,153.87	\$ 1,430.77	\$182,780.37
11												

IRS 941

Empl		Report for this Quarter of 2020 (Check one)
Nor	e (vel your twee verse) Example Company, LLC	1: January, February, March
Tree	e name (f ary)	X 2: April, May, June
	123 Flaming Lips Alley	3: July, August, September 4: October, November, December
	Number Sitest Suite or nom number	Go to www.im.gov/Formild1 for
	Oklahoma City OK 73104	instructions and the latest information.
	oy 820 2700	
	Foreign country name Foreign province/soundy Poneign posts code	
ed 1	he separate instructions before you complete Form 941. Type or print within the boxes.	
art.	Answer these questions for this quarter.	
1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1 9
		-
2	Wages, tips, and other compensation	2 182,780 -
9	Federal income tax withheld from wages, tips, and other compensation	a 25,507 .
	If no wapes, tips, and other compensation are subject to social security or Medicare tax	Check and go to line 6.
	Column 1 Column 2	C. Conce and go to mark.
50	Taxable social security wages	87
6a	(i) Qualified sick leave wages × 0.062 -	
5a	(i) Qualified family leave wages . × 0.002 =	
86	Taxable social security tips	
60	Taxable Medicare wages & tips 115,385 • 02 × 0.029 - 1,430 •	77
54	Taxable wages & tips subject to Additional Medicare Tax withholding	
50	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(), 5a(i), 5b, 5c, and 5d	5e 8.584 .
61	Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions)	ผ
8	Total taxes before adjustments, Add lines 3, 5a, and 5f	
7	Current quarter's adjustment for fractions of cents	
8	Current quarter's adjustment for sick pay	· .
9	Current quarter's adjustments for tips and group-term life insurance	
0	Total taxes after adjustments. Combine lines 6 through 9	10
1a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a
1b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	110

State Quarterly Employee Wage Reporting (WES-3 for OK)

	silled	OKLAH	MA EMPLOYMENT SECURI	TY COMMISSION	
EM	PLOYERS QU	JARTERLY CONT	RIBUTION REPORT Cashier: P	O Box 52004 Oklahoma City, O	K 73152-2004
1. Employee Social Sec	unity Number	2. Last Norse	FastName	3. Total Wages Paid	4. Tasable Wages Paid
To obtain scannable "Co		, visit website.	PAGE TOTAL	0.00	0.00
 Monthly count of all or received pay subj payroll period that in Month 1 	ect to unemployme	he month.		es)	0.00
or received pay subj payroll period that in	ect to unemployme cludes the 12 ^a of t	ent insurance for the he month.	6. TAXABLE WAGES PAID (Item 4, AI Pag 7. Contribution Rate for This Calendar Qua	es)	003 0.0%
or received pay subj payroll period that in	ect to unemployme cludes the 12° of t Month lumber	ent insurance for the he month.	6. TAXABLE WAGES PAID (Item 4, AI Pag	es) eter Enter rate as a decimal, Ex. 0.3% Contributions Rate #7) late)	0.00
or received pay subj payroll period that in Month 1 14. Oklahoma Account N	ect to untemployme cludes the 12* of th Month	ent insurance for the te month. 2 Month 16. Qtr / Yr	G. TAXABLE WAGES PAID (Item 4. All Page Contribution Mate for This Calendin Cau Contributions Due (Tasable Wages H5 x Internal Due (1% per month after due d 10, 10% Penalty Due 8+ \$100 11. Debit or Credit.	es)Enter rate as a decimal, Ex. 0.3% . Contribution Rate #7) bite)	- 000 0.0% - 000 0.0% 0.00

Account Statement

BOK FINANCIAL

Page 1 of 175,800. \$10,000. 94,000. 591,800. Current Accou 8
175,800. 510,000. 94,000. 591,800. Current Accou
510,000. 94,000. 591,800. Current Accou
510,000. 94,000. 591,800. Current Accou
94,000. 591,800. Current Accou
591,800. Current Accou
Current Accou
8
Balance
170,400.
167,400.
667,400.
677,400.
675,900.
675,300.
671,800.
591,800.

Canceled Check for employer contributions to retirement accounts or health insurance

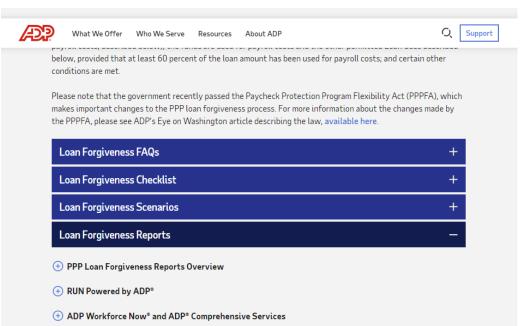
STATEMENT OF ACCOUNT

Example Company 123 Farring Lips Alley Oklahoma City, OK 73104	5/1/2020 0070
TO THE Any Bank USA	\$ 9,123.00
Nine Thousand one hundred twenty three and No/100	DOLLARS
May Mortgage Payment	Wayne Coyne
1:012345678910 I 012345678910	

Payroll Costs Example

Third-Party payroll service provider report

Examples Firms:



+ ADP TotalSource®

Loan Forgiveness Estimator Tool

Back to top



Supporting Documents – Non-Payroll

Schedule C or Schedule F

1) Copy of IRS Form 1040 Schedule C line 31 or IRS Form 1040 Schedule F line 31

General Partners who applied using 2019 IRS Form 1065 Schedule K-1 box 14a

1) Copy of 2019 IRS form 1065 K-1

- 2) Proof of payment to partners during the chosen covered period
 - Copies of cancelled checks
 - Copies of bank statements showing payment
 - Copies of income statements showing guaranteed payments to partners or distributions during the covered period

1) Copy of IRS Form 1040 Schedule C line 31 or IRS Form 1040 Schedule F

	EDULE C 1040 or 1040-SR)			Profit or Los		om Business		OMB No. 1545-0074	
Depertm	ent of the Treasury					uctions and the latest informati		Attachment	
	Ravenue Service (99) 🕨 🗛	ttach to F	orm t	1040, 1040-SR, 1040-NR, o	r 1041;	partnerships generally must fi	e Form 1	065. Sequence No. 09	
Name o	f proprietor						Social	security number (SSN)	
A	Principal business or profession, including product or service (see instructions)								
с	Business name. If no	separate	busin	ess name, leave blank.			DEm	ployor ID number (EIN) (see instr.)	
E	Business address (in								
F	City, town or post of					N			
G	Accounting method:					Xhor (specify) ►	- Fruit on	losses . Yes No	
н						2019? If "No," see instructions fo			
÷.						(s) 1099? (see instructions)			
- i - i -	If "Yes," did you or w					a) root (and randoma)		Yes No	
Par	Income								
1		los Soo in	ete et	ions for line 1 and check the	box ii	this income was reported to you	~		
				yee" box on that form was d			Ĩ I I		
2	Returns and allowan						2		
3	Subtract line 2 from I				1.1		3		
4	Cost of goods sold (from line 4	(2)				. 4		
5	Gross profit. Subtra			no 3			. 5		
6	Other income, includ	ling federa	and i	state gasoline or fuel tax ore	dit or r	afund (see instructions)	. 6		
7	Gross income. Add						▶ 7		
Part	Expenses. En	iter expe	nses	for business use of you	r hom	e only on line 30.			
8	Advertising		8		18	Office expense (see instructions	:) 18		
9	Car and truck expense	505 (500			19	Pension and profit-sharing plans	. 19		
	instructions)		9		20	Rent or lease (see instructions):			
10	Commissions and fe		10		a	Vehicles, machinery, and equipm	ant 20a		
11	Contract labor (see inst	ructions)	11		ь	Other business property	. 206		
12	Depletion		12		21	Repairs and maintenance	. 21		
13	Depreciation and sect	tion 179			22	Supplies (not included in Part III	. 22		
	expense deduction included in Part I	n (not			23	Taxes and licenses	. 23		
	instructions).		13		24	Travel and meals:			
14	Employee benefit pr	ograms			a	Travel	. 24a	1	
	(other than on line 19		14		ь	Deductible meals (see			
15	Insurance (other than	health)	15			instructions)	. 24b		
16	Interest (see instructi	ions):			25	Utilities	. 25		
a	Mortgage (paid to ban	ks, etc.)	16a		26	Wages (less employment credit	s). 26		
ь	Other		16b		27a	Other expenses (from line 48) .	. 27a	1	
17	Legal and professional:	services	17		ь	Reserved for future use	. 275		
28				business use of home. Add	lines 8	Sthrough 27a	28		
29	Tentative profit or (lo	es). Subtr	act lin	e 28 from line 7			. 29		
30					expe	nses elsewhere. Attach Form 88	29		
	unless using the simp						_		
	Simplified method f	filers only	: enter	the total square footage of	(а) уск		_		
	and (b) the part of your home used for business: Use the Simplified								
				s to figure the amount to en	ter on I	ine 30	. 30		
31	Net profit or (loss).	Subtract	line 30) from line 29.					
	 If a profit, enter or 	n both So	hedu	le 1 (Form 1040 or 1040-S	R), line	3 (or Form 1040-NR, line)			
				you checked the box on lin	e 1, se	e instructions). Estates and	31		
	trusts, enter on Form					(
	 If a loss, you must 					J			
32	If you have a loss, ch	heck the b	ox tha	t describes your investment	in this	activity (see instructions).			
	 If you checked 3 	2a, onter	the lo	ss on both Schedule 1 (F	orm 10	40 or 1040-SR), line 3 (or			
					icked t	he box on line 1, see the line		All investment is at risk.	
				nter on Form 1041, line 3.			326	Some investment is not at risk.	
				ch Form 6198. Your loss m					
For Pa	perwork Reduction A	Act Notice		the separate instructions.		Cat. No. 11334P	Schedule	C (Form 1040 or 1040-SR) 2019	

	EDULE F 1040 or 1040-SR)	Profit or Lo	oss Fron	ı Farm	ing		C	MB No. 1545-007	
	Attach to i	orm 1040. Form 1040-	SR Form 10	40-NR Eo	m 1041. or Form 10	65		2019	
apertme	rtmant of the Treasury al Revenue Service (M) Go to www.ins.gov/ScheduleF for instructions and the latest information. Attachment Sequence No. 14								
	ta navena savas (M) P do to WWAINS, gov ochoose P or instructions and the natis minimation. Sector solution (C) 14								
	propried					outa se	Juniyi	union (son)	
Drin	cipal crop or activity	B Enter code fro	m Part IV	C Acr	ounting method:	D Employ	or ID a	umber (EIN) (see in	
	cipal crop of activity				Cash Accrual				
Diel	you "materially participate" in the operation	tion of this business du	ring 20192 #1			n namino	orece	Yes N	
	you make any payments in 2019 that w							Yes N	
	Yes," did you or will you file required Fo		oningay roosa	CARRY ITTALIN				Yes 1	
Part			and II. (Accr	ual metho	d. Complete Parts	II and III	and		
1a					1a				
ъ	Cost or other basis of livestock or othe				16				
	Subtract line 1b from line 1a						10		
2	Sales of livestock, produce, grains, an		isad				2		
3a	Cooperative distributions (Form(s) 109			зь	Taxable amount		36		
4a	Agricultural program payments (see in			46	Taxable amount		4b		
5a	Commodity Credit Corporation (CCC)		ection	-			5a		
ь	CCC loans forfeited			50	Taxable amount		50		
6	Crop insurance proceeds and federal		(see instruction	ons):					
a	Amount received in 2019			66	Taxable amount		6b		
c	If election to defer to 2020 is attached	check here		6d	Amount deferred fro	m 2018	6d		
7	Custom hire (machine work) income						7		
8	Other income, including federal and st	ate gasoline or fuel tax	credit or refur	d (see inst	ructions)		8		
9	Gross income. Add amounts in the								
-	accrual method, enter the amount from						9		
Part	Farm Expenses—Cash and	Accrual Method.)o not includ	e persona	i or living expense	s. See In	struct	ions.	
10	Car and truck expenses (see		23	Pension a	ind profit-sharing pla	ns	23		
	instructions). Also attach Form 4562	10	24	Rent or la	ase (see instructions	¢.			
11	Chemicals	11	а	Vehicles,	machinery, equipme	nt	24a		
12	Conservation expenses (see instructions)	12	ь	Other (lar	d, animals, etc.) .		24b		
13	Custom hire (machine work)	13	25	Repairs a	nd maintenance		25		
14	Depreciation and section 179 expense		26	Soods an	d plants		26		
	(see instructions)	14	27	Storage a	nd warehousing		27		
15	Employee benefit programs other than		28	Supplies			28		
	on line 23	15	29	Taxes			29		
16	Food	16	30	Utilities			30		
17	Fortilizors and lime	17	31	Veterinary	, breeding, and med	icine .	31		
18	Freight and trucking	18	32	Other exp	enses (specify):				
19	Gasoline, fuel, and oil	19	а				32a		
20	Insurance (other than health)	20	b				32b		
21	Interest (see instructions):		•				32c		
а	Mortgage (paid to banks, etc.)	21a	d				32d		
ь	Other	21b	•				32e		
22	Labor hired (less employment credits)	22	f				32f		
33	Total expenses. Add lines 10 through	32f. If line 32f is negati	ve, see instruc	tions .		- E 🕨	33		
34	Net farm profit or (loss). Subtract line						34		
	If a profit, stop here and see instructio	ns for where to report. I	f a loss, comp	lete lines 3	5 and 36.				
35	Reserved for future use.								
35 36	Reserved for future use. Check the box that describes your inv All investment is at risk.	estment in this activity a			where to report your l	055:			

Self-Employed Schedule C or Schedule F and General Partners

1) Copy of 2019 IRS form 1065 K-1

Col	edule K-1 On I O		Final K-1	Amended K-1	OMB No. 1545-012 rrent Year Income,
	rm 1065) 20 19				and Other Items
	rtment of the Treasury	1	Ordinary business income		Credits
nierr	tal Revenue Service For calendar year 2019, or tax year		,		
	beginning / / 2019 ending / /	2	Not rontal real estate incor	ne (loss)	
	tner's Share of Income, Deductions,				
	dits. etc. See back of form and separate instructions	3	Other net rental income (k	oss) 16	Foreign transactions
	art I Information About the Partnership	4a	Guaranteed payments for	services	
A	Partnarship's employer identification number				
		45	Guaranteed payments for	capital	
R	Partnarship's name, address, city, state, and ZIP code	40	Total guaranteed payment	15	
		5	Interest income		
с	RS Center where partnership fied return >	1			
D	Check if this is a publicly traded partnership (PTP)	6a	Ordinary dividends		
P	art I Information About the Partner				
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See Inst.)	65	Qualified dividends		
		1.0	Dividend equivalents		Attarnativo minimum tax (AMT) itoms
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions	60	Dividend equivalents	17	Attornativo minimum tax (AMT) itoms
		7	Royaltias		
		L.,	royana		
a	General partner or LLC Limited partner or other LLC	8	Not short-term capital gain	n (loss)	
	momber-manager member				
H1	Domestic partner	9a	Net long-term capital gain	(loss) 18	
H2	If the partner is a disregarded entity (DE), enter the partner's:				nondeductible expenses
	TIN Name	9b	Collectibles (28%) gain (lo	6 8)	
н	What type of entity is this partner?				
	If this partner is a retirement plan (IRA/SEP/Keogh/atc.), check here	9c	Unrecaptured section 125	0 gain	
J	Partner's share of profit, loss, and capital (see instructions): Beginning Ending	10	Not section 1231 gain flos	-1	
	Profit % %	10	Net section 1231 gain (ios	5)	Distributions
	PTOTE 75 55	11	Other Income (loss)		Darbara
	Capital % %				
	Check If decrease is due to sale or exchange of partnership interest				
				20	Other information
к	Partner's share of liabilities:	12	Section 179 deduction		
	Beginning Ending				
	Nonrecourse \$ \$	13	Other deductions	_	
	Qualified nonrecourse				
	financing \$ \$				
	Flacourse \$ \$ Check this box if item K includes liability amounts from lower for pertnerships.				
L	Partner's Capital Account Analysis	1			
-	r an anne a' chaptain Procedure Penneyana	14	Solf-employment earnings	(loss)	
	Beginning capital account				
	Capital contributed during the year s				
	Current year net income (loss) §		_		
	Other Increase (decrease) (attach explanation) s	21	More than one activity		
	Withdrawais & distributions § (22	More than one activity		
	Ending capital account 8		e attached statement	for addition	hal information.
		ŝ			
м	Did the partner contribute property with a built-in gain or loss?	18			
N	Yes No If "Yes," attach statement. See instructions. Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	8			
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) Beginning	22			
	nalmad	8			

2) Proof of payment to partners during the chosen covered period. This can be:

	Fau	ıx Florists Distribu	itors Co	rporation			
		Income Sta					
	Years En	ded December 31	, Xxx1,	Xxx2, and Xxx3			
December 31		Xxx1		Xxx2		Ххх3	
Sales	\$	14,100,309	\$	14,376,876	\$	13,963,928	
Cost of Sales	\$	10,098,564	\$	10,232,623	\$	9,825,438	
Gross Profit	\$	4,001,745	\$	4,144,253	\$	4,138,490	
SG&A Expenses	\$	3,241,280	\$	3,479,631	\$	3,537,573	
Depreciation Expense	\$	67,138	\$	60,898	\$	60,144	
Operating Income	\$	693,327	\$	603,724	\$	540,773	
Interest Expense	\$	60,716	\$	50,705	\$	55,891	
Other Income	\$	31,000	\$	51,000	\$	16,000	
Profit Before Taxes	\$	663,611	\$	604,019	\$	500,882	
Provision for Income Taxes	\$	219,808	\$	10-			
Net Income	\$	443,803	\$		Evan	iple Company	5/1/2020 0070
Dividends/Distributions	\$	300,120	\$	PAY TO TH ORDE	I23 Okla	ipe Company Flaming Lips Alley homa City, OK 73104 Iy Bank USA	NOT A LEGAL CHEC FOR TEACHING USE ONL \$ 9,123.00
				 FOB_		d one hundred <u>tweaty, three</u> and No/100 rtgage Payment	D DOLLARS Wayne Coyne

Faux Florists, Inc.

012345678910 012345678910

One of the following options (F in Forgiveness Approval Form)

- 1) Copy of lender amortization schedule (remember this is only the interest portion)
 - With receipts or canceled checks
- 2) Lender account statements:
 - 2/2020 account statement
 - The months of the covered period through 1 month after the end of the covered period (verifying interest amounts and eligible payments)

This is a total of at least 4 statements for the 8 week covered period

Business Mortgage Interest Payments Examples

1) Copy of Amortization Schedule

Scheduled

Payment

9.000.00 \$

9,000.00

9,000.00

9,000.00

9 000 00

9.000.00

9,000.00

9,000.00

9.000.00

9,000.00 9,000.00

9,000.00

Extra

Paymen

123.00

123.00

123.00

123.00

123.00 123.00

123.00

123.00

123.00 123.00

123.00

123.00

Total

Payment

9,123.00

9,123.00

9,123.00 9,123.00

9,123.00

9,123.00

9,123.00 9,123.00

9,123.00

9,123.00

9,123.00 \$ 9,123.00

Customer Name	ustomer Name Example Company I						
Account Number 132131							
Enter Values							
Loan Amount \$ 1,000.0							
An		7.50 %					
Loa		20					
Number of P		12					
1		2/1/2015					
		3/1/2015					
0		2					
		Actual/360					
E		\$8,116.36					
Actual Sc	heduled Payment	\$	9,000.00				
Optional Extra Payments \$							

Beainnina

996,710.33 \$

994,024.42

991,114.07

988 392 02 S

985.446.47 \$

982,687.81 \$

976.912.78 \$

974 099 01 S

971,064.13 \$

968,212.58 \$

979,911.34

Balance

3/1/2015 \$1,000,000,00

Payment

4/1/2015

5/1/2015

6/1/2015

7/1/2015

8/1/2015

10/1/2015

11/1/2015

12/1/2015

1/1/2016

2/1/2016

9/1/2015

Date

10

12



NOTE: This is an estimated loan amortization schedule. Actual amounts may vary if payments are made on different dates or in different amounts.

Interest

6,437.09

6,212.65

6,400.95

6,364.34

6,346.53

6,124.45

6,309.23 6,088.12

6,271.46

6,253.04

6 177 45

Principal

3.289.67

2,685.91

2,910.35

2,722.05

2 945 55

2,758.66

2,776.47

2,998.55

2.813.77

3 034 88

2,851.54

2,869.96

Endina

5.833.33 \$ 996.710.33

Balance

994,024.42

991,114.07

988,392.02

985 446 47

982,687,81

979,911.34

976,912.78

974.099.01

971 064 13

968,212.58

965,342.62

2) Alternative is four Account Statements from the Lender

In this example this would be:

- 1. 2/2020 Statement
- 2. 5/2020 Statement
- 3. 6/2020 Statement
- 4. 7/2020 Statement

A) Canceled Checks

Statistic Company D21 Ammel Le A May D21 Ammel	Complex Company 12 F ample Lips Amp Distances 20, con 70104 612020 077 NOT TAL LIPS AMP DISTANCE AND AMPLE TALK THE AMPLE T
May Mortgage Payment	June Mortgage Payment

Covered Period Interest Payments

(63	5/1/2020	789,150.96	\$ 9,00	.00 123.00	9,123.00	4,190.81	4,932.19	784,960.16
(64	6/1/2020	784,960.16	\$ 9,00).00 123.00	9,123.00	4,053.47	5,069.53	780,906.69

Mortgage Interest			
		Interest Portion	
5/1/2020 Payment	\$ 9,123.00	\$ 4,932.19	
6/1/2020 Payment	\$ 9,123.00	\$ 5,069.53	
Total Mortgage Inte	erest	\$10,001.72	

Business Rent or Lease Payments

Each of the following is required: (G in PPP Forgiveness Approval Form)

- 1) Copy of current lease agreement
- 2A) Receipts or canceled checks verifying eligible paymentsOR
- 2B) Lessor account statements from 2/2020 and for the covered period through One month after the end of the covered period.

This is a total of at least 4 account statements for the 8-week covered period

Business Rent or Lease Payments Example

1) Copy of current lease agreement

	anuary_ (Month), _1997 (Year) by and between
	(hereinafter "Landlord") and
Example Company LLC and covenants contained herein, and fo	(hereinafter "Tenant"). In consideration for the mutual promises r other good and valuable consideration, the parties hereby agree as follows:
	nd the Tenant rents from the Landlord the following described premises: a City, OK 73104
2. The term of the Lease shall be for	1/25/1997commencing2/1/1997 and ending _2/1/2032
 The Tenant shall pay to Landlord as a payable in advance _Monthly (Time Pe 	rent \$60,000.00 per year in equal monthly installments of \$5,000.00 riod).
4. This Lease is subject to all present or	r future mortgages affecting the premises.
The Tenant shall not make any altera consent of the Landlord.	tions, additions or improvements to the premises without the prior written
1,000 as well as fi	n expense public liability insurance in the amount of \$ re and hazard insurance in the amount of \$5,000,0000for fory evidence thereof to the Landlord and shall continue same in force and f.
10. The Tenant shall not permit or comr	nit waste to the premises.
11. The Tenant shall comply with all rule having jurisdiction over the premises.	es, regulations, ordinances codes and laws of all governmental authorities
	ge in any activity that will effect an increase in the rate of insurance for the ned nor shall the Tenant permit or commit any nuisance thereon.
	In the premises nor allow any other person or business to use or occupy the ant of the Landlord, which consent may not be unreasonably withheld.
	the Tenant shall surrender and deliver up the premises in the same condition improvements, if any) as presently exists, reasonable wear and tear excluded
15. Upon default in any term or condition remedies permitted by Law.	n of this Lease, the Landlord shall have the right to undertake any or all other
16. This Lease shall be binding upon, a	nd inure to the benefit of, the parties, their heirs, successors, and assigns.
Signed this 25 day of Januar	ry (Month) 1997 (Year).

2A) Canceled Checks

8	Part Describe Company 23 Fample, Description PAY PAY DTHE CHERE of Sample Landowd CHERE OF Sample Landowd Pay Tourian and Net J50	5/1/2020 0001 NOT A LEGAL CHECK POR TEACHING USE ONLY \$ 5,000.00 DOLLARS	Part Distance Concepts Part Part Distance (Jos Atery Distance Call, Distance Jos Part Part Part Part Part Part Part Part	6/1/2020 0002 NOT A LEGAL CHECK FOR TEACHING USE ONLY \$ 5,000.00 DOLLARS
	May Rent Wa FOR Wa 1; 812345678918 \$1 812345678918	yne Coyne	June Rent	Yayne Coyne

2) Canceled Checks

Alternative is 4 Account Statements from the Lessor

- 1. 2/2020 Statement
- 2. 5/2020 Statement
- 3. 6/2020 Statement
- 4. 7/2020 Statement

	Check	
\$ 5,000.00		1
\$ 5,000.00		2
\$10,000.00		
	\$ 5,000.00 \$ 5,000.00 \$ 10,000.00	\$ 5,000.00 \$ 5,000.00

Each of the following is required: (H in the PPP Forgiveness Approval Form)

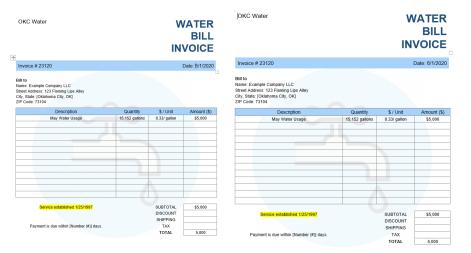
- 1) Invoices from 2/2020
- 2) Invoices for the covered period
- 3) Receipts, canceled checks or account statements.

Business Utility Payments

1) 2/2020 Invoice

OKC Water		WATER BILL INVOICE	
nvoice # 23120	voice # 23120 Date:		Date: 2/1/2020
III to ame: Example Company LLC treet Address: 123 Flaming Lips Alley ity, State: [Oklahoma City, OK] IP Code: 73104			
Description	Quantity	\$ / Unit	Amount (\$)
May Water Usage	15,152 gallons	0.33/ gallon	\$5,000
	-		
		_	
		_	
			7
			\$5.000
Service established 1/25/1997		DISCOUNT	35,000
		DISCOUNT SHIPPING	45,000
Service established 1/25/1997 Payment is due within [Number (#)] days.		DISCOUNT	5.000

2) Invoices from Covered Period (5/2020 and 6/2020)



3) Canceled Checks (5/2020 and 6/2020)

Image: Company of the second	Formatic company 123 Flamma Use Away Prive Tor Flamma Use Away Prive Tor Flamma Use Away Prive Tor Flamma Use Away Prive Tor Flamma Use Away Prive Toronand and Not 200 Tor A LEGAL CHECK Prive Toronand and Not 200
12345678918 : 012345678918	1 012345678910 1 012345678910

5/1/2020	\$ 5,000.00
6/1/2020	\$ 5,000.00
	\$10,000.00

Alternative is receipts or account statements demonstrating payment.

Naming Your Supporting Documents

Naming Conventions for Files				
Description	File Name Examples			
Cash Compensation (Pa	ayroll Costs)			
Third-party payroll service provider report	CC_3rdpty			
Internal payroll report	CC_Internal			
Bank Statement	CC_Statement_MM.DD.YY			
Income Statement/Profit and Loss (for Self Employed Distrib CC_PL_MM.DD.YY				
2019 Schedule C or Schedule F (For Sole Prop/1099)	CC_TaxRet_YYYY			
2019 K-1 (for Self Employed)	CC_K1_YYYY			
Canceled check	CC_MM.DD.YY			
Payroll tax fillings reported to the IRS	CC_3 rd quarter_941			
State quarterly income, payroll,unemployment insurance	CC_3 rd quarter_State			
Health Care Pren	niums			
Receipt	HIP_MM.DD.YY_reciept			
Cancelled check	HIP_MM.DD.YY_ck			
Account statement	HIP_MM.DD.YY_Acct St			
Retirement				
Receipt	RC_MM.DD.YY_Reciept			
Cancelled check	RC_MM.DD.YY_ck			
Account statement	RC_MM.DD.YY_Acct St			
Mortgage Inter	est			
Amortization schedule	MI_amortization			
Receipt	MI_MM.DD.YY_reciept			
Cancelled check	MI_ MM.DD.YY_ck			
Mortgage Statement	MI_MM.DD.YY_Statement			
Rent				
Lease Agreement	Rent_MM.DD.YY_Lease			
Reciept	Rent_MM.DD.YY_receipt			
Canceled check	Rent_MM.DD.YY_check			
Utilities				
Statement	"Type of Utility"_MM.DD.YY_bill			
Reciept	"Type of Utility"_MM.DD.YY_receipt			
Canceled check	"Type of Utility"_MM.DD.YY_check			

Eric Swenton

Frederic Dorwart, Lawyers PLLC



Form 3508 – Schedule A and Schedule A Worksheet

This information is provided as a self-help tool and does not constitute legal, accounting, financial or tax advice. Laws, regulations and guidance are changing rapidly and decisions as to whether or how to use this information, and what actions to take with regard to your forgiveness application, rests solely with each PPP borrower. The providers of this information disclaim any and all liability for tis accuracy, completeness or fitness for a particular purpose.

PPP Schedule A helps: Determine forgiveness reductions.

The PPP Schedule A Worksheet helps:

Calculate eligible payroll cash compensation for forgiveness;

AND

• Determine the number of full-time equivalent employees ("FTEs") for the Covered Period.

Two Tables

Table 1:

To list employees who received compensation from the borrower at an annualized salary of less than or equal to \$100K (or were not employed by the Borrower at any point in 2019);

AND

Table 2:

To list employees with annualized salary of over \$100K in 2019.

Why Two Tables?

Employees are segregated because reduction in salaries for employees over \$100K does not effect forgiveness.

A Few Tips For Completion

The PPP Schedule A Worksheet helps:

- Partners, self-employed individuals, owner-employees and independent contractors are NOT included in these tables. (Line 9 of Schedule A)
- Only include CASH compensation:
 - salary, wage, commission or similar compensation
 - payments of cash tips or equivalents
 - payments for vacation, parental, family, medical or sick leave
 - allowance for dismissal or separation

• Do NOT include:

- Qualified sick or family leave payments that were allowed under the Families First Coronavirus Response Act;
- Any compensation for an employee whose principal residence is outside the United States; and
- Compensation of an individual employee in excess of \$100,000 as prorated for the covered period (Do not exceed \$46,154 for 24-week covered period or \$15,384 for 8-week covered period).
- **NON-CASH Compensation** Entered on PPP Schedule A lines 6,7 and 8 and include employer contributions to health insurance, retirement plans and state and local taxes assessed on employee compensation.

Safe Harbors And Exceptions From Forgiveness Reduction

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FTE Reduction Safe Harbor 1 (The COVID Reduced Business Safe Harbor):

An inability to return to the level of business activity as such business was operating prior to February 15, 2020 due to compliance with guidance by the Secretary of Human Health Services: Director of the Centers for Disease Control and Prevention; or the Occupational Safety, and Health Administration during the period beginning March 31, 2020 and ending December 31, 2020, related to the maintenance of standards for sanitation, social distancing or other safety requirements related to COVID-19.

FTE Reduction Safe Harbor 2 (The FTE Restoration Safe Harbor):

FTE Safe Harbor 2 is satisfied if, during the period from February 15, 2020 to April 26, 2020, there was a reduction in FTE employees from borrower's employment level on February 15, 2020, and such reduction is eliminated as of the earlier of the application for forgiveness or December 31, 2020. Steps 1 through 5 on PPP Schedule A Worksheet assist the Borrower in making this assessment. NOTE: Reductions in employee headcount after April 26, 2020 are not eligible for the FTE Restoration Safe Harbor.

Salary / Wage Reduction Safe Harbor (The Salary Restoration Safe Harbor):

There is no reduction in forgiveness due to the reduction of the salary or wages of an employee by more than 25% during the period from February 15, 2020 to April 26, 2020 if such employee's salary was restored before the earlier of the application for forgiveness or December 31, 2020 to February 15, 2020 levels. Calculated in Step 2 of the Instructions to the Schedule A Worksheet. NOTE: Reductions in salary / wages after April 26, 2020 are not eligible for the Salary Restoration Safe Harbor.

Exception Due to Inability to Rehire (The We-Tried Exception):

Do not include in the FTE reduction calculation any positions where (1) the Borrower made a goodfaith written offer to rehire an individual who was an employee on February 15, 2020 and the Borrower was unable to hire similarly qualified employees for unfilled positions on or before December 31, 2020; and (2) any positions for which the Borrower made a good-faith, written offer to restore any reduction in hours, at the same salary or wages, during the Covered Period or the Alternative Covered Period and the employee rejected the offer.

NOTE: Borrower must notify the employment bureau that any employee that the borrower offered to rehire did not return to work.

Exception Due to Termination for Cause or other Voluntary Termination (The Pink-Slip / Retirement Exception):

Exception Due to Termination for Cause or other Voluntary Termination (The Pink-Slip / Retirement Exception): do no include in the FTE reduction calculation any employees who during the Covered Period or the Alternative Payroll Covered Period (a) were fired for cause, (b) voluntarily resigned, or (c) voluntarily requested and received a reduction of their hours. In all of these cases, include these FTEs in the "FTE Reduction Exceptions" Box in Table 1 only if the position was not filled by a new employee. Any FTE reductions in these cases do not reduce the Borrower's loan forgiveness.

Exception from Wage Reduction for Prior Forgiveness Reduction due to FTE Headcount Reductions (The No Double-Dipping Exception):

Do not reduce forgiveness due to reduction of wages if the employee's reduction of wages is attributed to reduction of hours worked, which such hours-reduction will be reflected in the headcount reduction calculations.

Forgiveness Reduction due to Reduction in Employees or Hours

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Forgiveness Reduction Due To Reduction Of Employee Headcount

Borrower must reduce its forgiveness amount by a percentage equal to (a) its average full-time equivalent employees per month during the Covered Period (Line 12 of Schedule A), divided by (b) either (i) its average full-time equivalent employees per month during the period from February 15, 2019 to June 30, 2019, or (ii) its average full-time equivalent employees per month during the period from January 1, 2020 to February 29, 2020 (Line 11 of Schedule A).

- Seasonal employers can also use average full-time equivalent employees during a 12-week period between May 1, 2019 and September 15, 2019 for "(b)" above.
- There is no reduction for employees fired for cause, who resign or request a reduced schedule during the Covered Period.

Calculating Average FTE

Where Applicable?

Schedule A and the Schedule A Worksheet, in each instance where calculating Average Full Time Employment for an applicable period.

Requirements:

- Calculate based on HOURS PAID not worked (include hours paid to furloughed and reduced hour employees).
- **Be Consistent!** You must choose one method and use consistently.

Two Methods:

Method 1: On employee-by-employee basis, take the average number of hours worked per week during the applicable covered period and divide by 40, rounding to the nearest tenth (maximum is 1.0).

Method 2: Use 1.0 for every employee who worked at least 40 hours per week and 0.5 for every employee who worked less than 40 hours per week.

Example:

Assume XYZ Company has three employees, Employee A, Employee B an Employee C. Employee A works 45 hours per week, Employee B works 30 hours per week and Employee C works 20 hours per week.

- If use **Method 1**, XYZ Company has a FTE of 2.3.
- If use Method 2, XYZ Company has a FTE of 2.0.

Hours per Week:	45	30	20	XYZ Total FTE
Method 1:	1.0 FTE (45/40)	.8 FTE (30/40)	.5 FTE (20/40)	2.3 FTE
Method 2:	1.0 FTE	.5 FTE	.5 FTE	2.0 FTE

Forgiveness Reduction due to Salary/Wage Reductions

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Table 1 From Schedule A Worksheet

	Column 1	Column 2	Column 3	Column 4
Employee's Name	Employee Identifier	Cash Compensation	Average FTE	Salary / Hourly Wage Reduction
FTE Reduction Exceptions:				
Totals:		Box 1	Box 2	Box 3

Column 1: Insert last four numbers of employee's Social Security number.

Column 2: Insert cash compensation paid (discussed earlier) to such employee during the applicable Covered Period.

Column 3: Insert Average FTE (calculation discussed earlier) for such employee during the applicable Covered Period.

Column 4: Calculate in three steps with a fourth calculation (and a fourth calculation if reduction tentatively required).

Step 1: Determine the average annual salary or hourly wage during the Covered Period or Alternative Covered Period ("Covered Period Salary")

Step 2: Determine the average annual salary or hourly wage from January 1, 2020 to March 31, 2020 ("Pre-COVID Salary")

Step 3: Divide the Covered Period Salary by the Pre-COVID Salary (the "Pay Comparison")

- If the Pay Comparison is GREATER than 75%, no reduction is required and you DO NOT put any amount in Column 4
- If the Pay Comparison is LESS than 75%, a reduction of the following amount is tentatively required (i.e. **Fourth Calculation**):
 - For Salaried Employee: (a) Pre-Covid Salary multiplied by 75% minus Covered Period Salary, multiplied by (b) 24 (or 8 if using 8-week Covered Period), divided by (c) 52. Enter such amount in Column 4.
 - For Hourly Employee: (a) Pre-Covid Salary multiplied by 75% minus Covered Period Salary, multiplied by (b) average hours worked per week during Pre-COVID Salary period, multiplied by (c) 24 (or 8 if using 8-week covered period). Enter such amount in Column 4.

Example 1 (Salaried Employee):

XYZ Company pays Employee A an annual salary of (a) \$24,000 during the 24-week covered period and (b) \$20,000 for the period from January 1, 2020 through March 31, 2020.

- Covered Period Salary is \$52,000 (i.e. \$24,000/24, multiplied by 52)
- Pre-COVID Salary is \$80,000 (i.e. \$20,000 X 4)
- Pay Comparison is 65% (i.e. \$52,000/\$80,000)
- Because Pay Comparison is less than 75%, a reduction of \$3,692 is tentatively required, calculated as follows:
 - Pre-COVID Salary (i.e. \$80,000) multiplied by 75%, minus Covered Period Salary (\$52,000) multiplied by (b) 24 because using 24-week covered period here, divided by (c) 52.

Examples 2 (Hourly Employee):

XYZ Company pays Employee A \$10 per hour and Employee A works 20 hours per week during the 24-week covered period. Employee A was paid \$15 per hour and worked 20 hours per week for the period from January 1, 2020 through March 31, 2020.

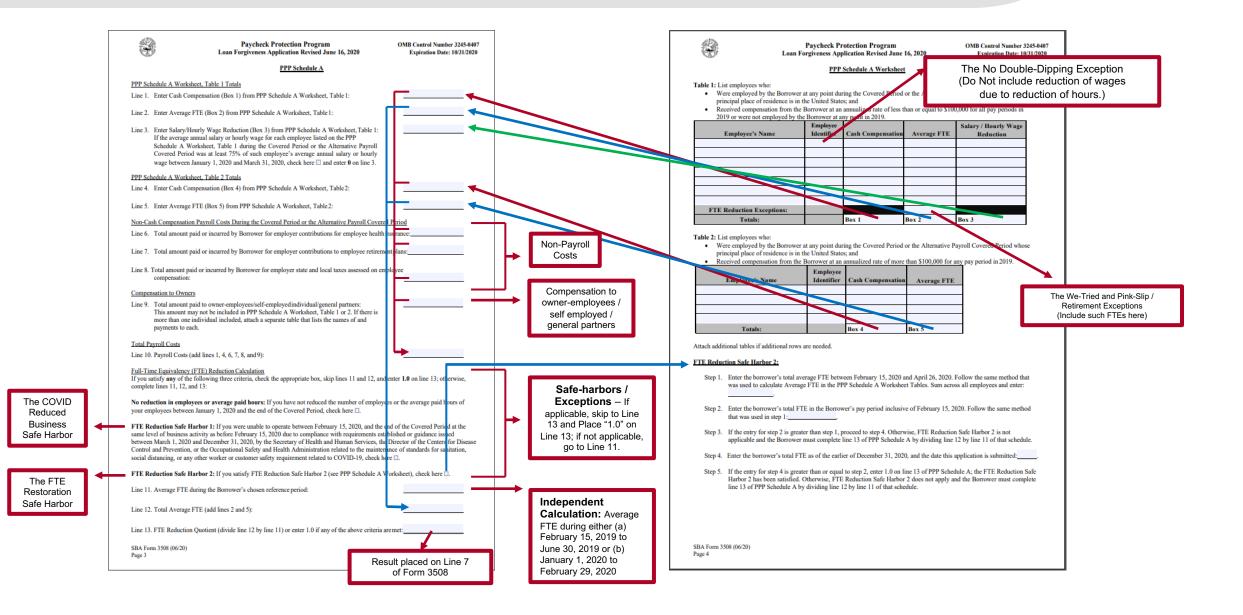
- Covered Period Salary is \$10,400 (i.e. \$10, multiplied by 20, multiplied by 52)
- Pre-COVID Salary is \$15,600 (i.e. \$15, multiplied by 20, multiplied by 52)
- Pay Comparison is 66.67% (i.e. \$10,400/\$15,600)
- Because Pay Comparison is less than 75%, a reduction of \$600 is tentatively required, calculated as follows:
 - Pre-COVID Salary (i.e. \$15) multiplied by 75% minus Covered Period Salary (i.e. \$10), multiplied by (b) average hours worked per week during Pre-COVID Salary period (i.e. 20), multiplied by (c) 24 because using a 24-week covered period here.

IMPORTANT:

With 24-week covered period, there is a greater opportunity to maximize forgiveness expenses, as opposed to the 8-week covered period because there is a longer time to accrue salary; Forgivable Payroll Costs may be well in excess of PPP proceeds.

Safe Harbor: If annual average salary or hourly wage is restored by earlier of (a) forgiveness application, or (b) December 31, 2020, then the Borrower is eligible for the Salary Restoration Safe Harbor. (Note that if Barrower plans to restore salaries before December 31, 2020, it would be advantageous to delay application for forgiveness.)

Forgiveness Reduction Wrap-Up





Thank You

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