



APPLY ONLINE TODAY TO  
DETERMINE YOUR ELIGIBILITY

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## REQUIRED DOCUMENTS

1. [W-3 for 2019](#)
  - a. We use this IRS form to confirm the number of full-time employees you averaged in 2019.
  - b. If you have trouble getting a W-3 from your payroll company, you can also provide your packet of W-2's or even a state payroll tax form that will help us to estimate how many employees you had in 2019.
  - c. **PEO Note:** If you lease your employees from a PEO, please provide documentation from your PEO that shows how many full-time employees you had in 2019.
2. [Form 941's for all quarters \(Q2 2020 to Q3 2021\)](#)
  - a. You are welcome to deliver these as individual PDFs or as one large PDF, whichever is easier.
  - b. In all, we are looking for 6 Form 941's.
  - c. We do not need any state filings or the annual Form 940.
  - d. **PEO Note:** If you lease your employees from a PEO, you will not have a Form 941. Your payroll taxes are included on a Form 941 with all the other clients of that PEO. **You can skip this documentation.**
3. [For Year 2020 - PPP#1 Forgiveness Application - Form 3508 / 3508S / 3508EZ](#)
4. [For Year 2021 - PPP#2 Forgiveness Application - Form 3508 / 3508S / 3508EZ](#)
  - a. If you did not receive a PPP Loan in 2020 or 2021, or if you have not yet applied for forgiveness, you can skip this documentation.
  - b. If you have already been forgiven for PPP, then you should have access to this Form 3508. This is the document provided to the bank where you stated the amount of the loan, defined the Covered Period and identified how much of the loan was spent on payroll vs other non-payroll expenses.
  - c. If you applied for forgiveness through your lender's online portal, you completed the same information as on the Form 3508. If you took screenshots as you were completing the application, you are welcome to upload that.
  - d. For most clients, if they don't already have a copy of this application, they request it from their bank and their bank can provide rather quickly. After all, this will be the document requested by the IRS in the event of an audit of your ERTC claims.
  - e. Remember, if you don't have this right now, you can always come back later. We will wait to begin your claims process after all our requests are received and reviewed.
5. [Payroll Journal from 3/1/20 to 12/31/21](#) – **View examples [here](#)**
  - a. Ideally, you can produce one report (spreadsheet format preferred) covering all paychecks from 3/1/20 to 12/31/21. Although, we find that many software programs can only run the report for a maximum date range of one year...so it may take a couple of files.
  - b. Some payroll providers call this a "Check History". For others, it is a "Payroll Detail" or "Employee Detail". For others, it is simply a "Payroll Journal".
  - c. To be clear, here are the important traits of this report:
    - i. This report should show the breakout of each paycheck for each employee.
    - ii. This report should not summarize wages by employee across the entire date range.
    - iii. This report should not summarize wages by paycode/deduction/contribution for all employees.

**EMPLOYER COPY DO NOT FILE**

<b>33333</b>		a Control number 8		For Official Use Only OMB No. [REDACTED]	
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 Military <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> 943 Medicare govt. emp. <input type="checkbox"/> 944		Kind of Employer (Check one) <input checked="" type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable)	
c Total number of Forms W-2 [REDACTED]		d Establishment number [REDACTED]		1 Wages, tips, other compensation [REDACTED] 4	
e Employer identification number [REDACTED]		3 Social security wages [REDACTED] 4		2 Federal income tax withheld [REDACTED] 8 4	
f Employer's name [REDACTED]		5 Medicare wages and tips [REDACTED] 4		4 Social security tax withheld [REDACTED] 6	
g Employer's address and ZIP code [REDACTED]		6 Medicare tax withheld [REDACTED] 0 0		7 Social security tips	
h Other EIN used this year		7 Social security tips		8 Allocated tips	
15 State Employer's state ID number [REDACTED]		9		10 Dependent care benefits	
16 State wages, tips, etc.		11 Nonqualified plans		12a Deferred compensation	
17 State income tax		13 For Third-party sick pay use only		12b	
Contact Person [REDACTED]		14 Income tax withheld by payer of third-party sick pay		12c	
Fax number ( 775 ) [REDACTED]		18 Local wages, tips, etc.		19 Local income tax	
		Telephone number ( 888 ) [REDACTED]		For Official Use Only	
		E-mail address [REDACTED] .COM			

Form **W-3 Transmittal of Wage and Tax Statements**

2019

Department of the Treasury  
Internal Revenue Service

REV 12/23/19 OSP

**2019 W-2 and EARNINGS SUMMARY**



Employee Reference Copy <b>W-2</b> Wage and Tax Statement 2019 OMB No. 1545-0045	
d Control number	Emp. use only
c Employer's name, address, and ZIP code [REDACTED]	
e/f Employee's name, address, and ZIP code [REDACTED]	
b Employer's FED ID number [REDACTED] 01	a Employee's SSA number [REDACTED]
1 Wages, tips, other comp. [REDACTED] 29	2 Federal income tax withheld [REDACTED] 93
3 Social security wages [REDACTED] 39	4 Social security tax withheld [REDACTED] 03
5 Medicare wages and tips [REDACTED] 39	6 Medicare tax withheld [REDACTED] 22
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
13 Stat emp Ret. plan 3rd party sick pay	
15 State Employer's state ID no.	16 State wages, tips, etc. [REDACTED] 29
17 State income tax [REDACTED] 20	18 Local wages, tips, etc. [REDACTED] 32
19 Local income tax [REDACTED] 84	20 Locality name

COMPANY YAH

35  
36  
0  
36

Total Employees  
Total Forms Count  
Total eForms  
Total Forms Processed

NY PFL (Box 14)  
VPDI (Box 14)  
401(K) (D-Box 12)

\*\*\*\*\* TOTALS \*\*\*\*\*  
For : BATCH NO. [REDACTED] 0  
For : COMPANY [REDACTED]

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**Balancing Form W-2/W-3 Totals to the Wage and Tax Register**

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**  
(Rev. March 2021) Department of the Treasury — Internal Revenue Service

OMB 1545-0047

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2021**  
(Check one.)

- ☒ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December
- Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 04/13/21 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text"/>
2	Wages, tips, and other compensation	2	<input type="text"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages <input type="text"/>	$\times 0.124 =$	<input type="text"/>
5a (i)	Qualified sick leave wages <input type="text"/>	$\times 0.062 =$	<input type="text"/>
5a (ii)	Qualified family leave wages <input type="text"/>	$\times 0.062 =$	<input type="text"/>
5b	Taxable social security tips <input type="text"/>	$\times 0.124 =$	<input type="text"/>
5c	Taxable Medicare wages & tips <input type="text"/>	$\times 0.029 =$	<input type="text"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/>	$\times 0.009 =$	<input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d		
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		
6	Total taxes before adjustments. Add lines 3, 5e, 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		
10	Total taxes after adjustments. Combine lines 6 through 9		



**Paycheck Protection Program**  
**Loan Forgiveness Application Form 3508 Revised July 30, 2021**

OMB Control No : 7  
Expiration Date: 2

**PPP Loan Forgiveness Calculation Form**

Business Legal Name ("Borrower")	DBA or Tradename, if applicable

☐ First Draw PPP Loan ☐ Second Draw PPP Loan (check one)

**PPP Loan Amount:** \_\_\_\_\_ **PPP Loan Disbursement Date:** \_\_\_\_\_

**Covered Period:** \_\_\_\_\_ to \_\_\_\_\_

**Forgiveness Amount Calculation:**

Payroll and Nonpayroll Costs

Line 1. Payroll Costs (enter the amount from PPP Schedule A, line 10): \_\_\_\_\_

Line 2. Business Mortgage Interest Payments: \_\_\_\_\_

Line 3. Business Rent or Lease Payments: \_\_\_\_\_

Line 4. Business Utility Payments: \_\_\_\_\_

Line 5. Covered Operations Expenditures: \_\_\_\_\_

Line 6. Covered Property Damage Costs: \_\_\_\_\_

Line 7. Covered Supplier Costs: \_\_\_\_\_

Line 8. Covered Worker Protection Expenditures: \_\_\_\_\_

Adjustments for Full-Time Equivalency (FTE) and Salary/Hourly Wage Reductions

Line 9. Total Salary/Hourly Wage Reduction (enter the amount from PPP Schedule A, line 3): \_\_\_\_\_

Line 10. Sum the amounts on lines 1 through 8, then subtract the amount entered in line 9. \_\_\_\_\_

Line 11. FTE Reduction Quotient (enter the number from PPP Schedule A, line 13): \_\_\_\_\_

Potential Forgiveness Amounts

Line 12. Modified Total (multiply line 10 by line 11): \_\_\_\_\_

Line 13. PPP Loan Amount: \_\_\_\_\_

Line 14. Payroll Cost 60% Requirement (divide line 1 by 0.60): \_\_\_\_\_

Forgiveness Amount

Line 15. Forgiveness Amount (enter the smallest of lines 12, 13, and 14): \_\_\_\_\_





# Paycheck Protection Program

PPP Loan Forgiveness Application Form 3508S Revised July 30, 2021

OMB Control No :  
Expiration Date:

**A BORROWER MAY USE THIS FORM ONLY IF THE BORROWER RECEIVED A PPP LOAN OF \$150,000 OR LESS**

Business Legal Name ("Borrower")	DBA or Tradename, if applicable

PPP Loan Amount: \_\_\_\_\_ PPP Loan Disbursement Date: \_\_\_\_\_

Amount of PPP Loan Increase (if applicable): \_\_\_\_\_ Date of PPP Loan Increase (if applicable): \_\_\_\_\_

Covered Period: \_\_\_\_\_ to \_\_\_\_\_

Amount of Loan Spent on Payroll Costs: \_\_\_\_\_ Requested Loan Forgiveness Amount: \_\_\_\_\_

**By Signing Below, You Make the Following Representations and Certifications on Behalf of the Borrower:**

The Authorized Representative of the Borrower certifies to all of the below by **initialing** next to each one.

\_\_\_\_\_ The Borrower has complied with all requirements in the Paycheck Protection Program Rules (Sections 7(a)(36), (7)(a)(37), and 7A of the Small Business Act, the PPP interim final rules, and guidance issued by SBA through the date of this application), including the rules related to:

- eligible uses of PPP loan proceeds;
- the amount of PPP loan proceeds that must be used for payroll costs (including proprietor expenses for Borrowers that applied for loans using SBA Forms 2483-C or 2483-SD-C);
- the calculation and documentation of the Borrower's revenue reduction (if applicable); and
- the calculation of the Borrower's Requested Loan Forgiveness Amount.

Information regarding these requirements may be found in the Form 3508S Instructions and the Paycheck Protection Program Rules.

\_\_\_\_\_ The information provided in this application is true and correct in all material respects. I understand that knowingly making a false statement to obtain forgiveness of an SBA-guaranteed loan is punishable under the law, including 18 U.S.C. 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 U.S.C. 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Following submission of this forgiveness application, the Borrower must retain all records necessary to prove compliance with Paycheck Protection Program Rules for four years for employment records and for three years for all other records. SBA may request additional information for the purposes of evaluating the Borrower's eligibility for the PPP loan and for loan forgiveness, and the Borrower's failure to provide information requested by SBA may result in a determination that the Borrower was ineligible for the PPP loan or in a denial of the Borrower's loan forgiveness application.

The Borrower's eligibility for loan forgiveness will be evaluated in accordance with the Paycheck Protection Program Rules. SBA may direct a lender to disapprove the Borrower's loan forgiveness application if SBA determines that the Borrower was ineligible for the PPP loan.

\_\_\_\_\_  
Signature of Authorized Representative of Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



**Paycheck Protection Program**  
**PPP Loan Forgiveness Application Form 3508EZ Revised July 30, 2021**

OMB Control No : 7  
Expiration Date: 2

Business Legal Name ("Borrower")	DBA or Tradename, if applicable

☐ First Draw PPP Loan ☐ Second Draw PPP Loan (check one)

PPP Loan Amount: \_\_\_\_\_ PPP Loan Disbursement Date: \_\_\_\_\_

Covered Period: \_\_\_\_\_ to \_\_\_\_\_

**Forgiveness Amount Calculation:**

Payroll and Nonpayroll Costs

Line 1. Payroll Costs: \_\_\_\_\_

Line 2. Business Mortgage Interest Payments: \_\_\_\_\_

Line 3. Business Rent or Lease Payments: \_\_\_\_\_

Line 4. Business Utility Payments: \_\_\_\_\_

Line 5. Covered Operations Expenditures: \_\_\_\_\_

Line 6. Covered Property Damage Costs: \_\_\_\_\_

Line 7. Covered Supplier Costs: \_\_\_\_\_

Line 8. Covered Worker Protection Expenditures: \_\_\_\_\_

Potential Forgiveness Amounts

Line 9. Sum the amounts on lines 1 through 8: \_\_\_\_\_

Line 10. PPP Loan Amount: \_\_\_\_\_

Line 11. Payroll Cost 60% Requirement (divide Line 1 by 0.60): \_\_\_\_\_

Forgiveness Amount

Line 12. Forgiveness Amount (enter the smallest of Lines 9, 10, and 11): \_\_\_\_\_