Instructions & Guidelines

Taxpayer Name:

Enter answer here

This workbook is designed to provide additional details on the parameters of the Employee Retention Credit and will assist you in making a determination as to whether or not a taxpayer will qualify. Please read through the following sections then on the "Qualification Analysis" tab enter all information located in green cells.

General Information

You must have had an operating business with employees as of February 15, 2020. However, employers who started business after February 15, 2020 may qualify as a Recovery Startup Business and would be able to claim the Employee Retention Credit for 2021 3rd and 4th quarters.

Aggregation Rules

Entities that are members of a controlled group under 52(a) or 52(b), affiliated service groups under 414(m) or 414(o) must be considered as a single employer for the following:

- Determining whether the employer has a trade or business operation that was fully or partially suspended due to orders related to COVID-19 from an appropriate governmental authority
- Determining whether the employer experiences a significant decline in gross receipts
- Determining whether the employer averaged more than 100 full-time employees
- Determining the maximum credit amount per employee

Owner Details

Please provide details on all owners of the entities under the "Owner Details" section on the "Qualification Analysis" tab. The IRS has provided guidelines stating that wages paid to an employee who owns more than 50% (directly or indirectly) as well as any realted individuals * would not count toward the employee retention credit.

*A related individual is considered any of the following:

- (A) A child or a descendant of a child.
- (B) A brother, sister, stepbrother, or stepsister.
- (C) The father or mother, or an ancestor of either.
- (D) A stepfather or stepmother.
- (E) A niece or nephew.
- (F) An aunt or uncle.
- (G) A son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-

law, or sister-in-law.

(H) An individual (other than a spouse, determined without regard to section

Other Government Programs

Please provide details on all government programs the taxpayer received funds for under the "Other Government Programs" section on the "Qualification Analysis" tab. IRS guidance prohibits "double dipping" or utilizing payroll expenses for the Employee Retention Credit that have been OR will be used for other government programs. Therefore, we will need details as well as copies of the relevant programs' applications or IRS forms. In addition, we will need details of the payroll that has been utilized.

Gross Receipts Test

Please see the Test 1: Gross Receipts section on the "Qualification Analysis" tab and follow the instructions given.

Additional Information:

You must enter all information for each quarter that is available.

-If a client started business at the beginning of a quarter in 2019, then use that quarter as a basis for a decline in gross receipts for 2020. This is the same for businesses that started in 2020.

-For example, an employer that started its business in the second quarter of 2019 should use that quarter as the base period to determine whether it experienced a significant decline in gross receipts for the first two quarters in 2020 and should use the third and fourth quarters of 2019 for comparison to the third and fourth quarters of 2020, respectively, to determine whether it experienced a significant decline in gross receipts for those quarters.

-For example, an employer that came into existence in the third quarter of 2020 should use that quarter as the base period to determine whether it experienced a significant decline in gross receipts for the first three quarters in 2021 and should use the fourth quarter of 2020 for comparison to the fourth quarter of 2021 to determine whether it experienced a significant decline in gross receipts.

-If an employer commenced business in the middle of a quarter in 2019, the employer should estimate the gross receipts it would have had for the entire quarter based on the gross receipts for the portion of the quarter that the business was in operation. To calculate this amount, the employer may use any reasonable method, including extrapolating the gross receipts for the quarter based on the gross receipts for the number of days its business was operating during the quarter.

-If a client acquired a business in 2020, it is required to include the gross receipts from the acquired business in its gross receipts computation for each calendar quarter that it owns and operates the acquired business. Solely for purposes of the employee retention credit, when an employer compares its gross receipts for a 2020 calendar quarter when it owns an acquired business to its gross receipts for the same calendar quarter in 2019, the employer may, to the extent the information is available, include the gross receipts of the acquired business in its gross receipts for the 2019 calendar quarter. Under this safe harbor approach, the employer may include these gross receipts regardless of the fact that the employer did not own the acquired business during that 2019 calendar quarter.

You must aggregate all gross receipts if the Client has multiple business interests. Please refer to the "Aggregation Rules" section above.

For any additional questions, see Gross Receipts FAQs on page 44 of the link below.

Gross Receipts FAQ

Business Disruption Test (Alternate Qualifying Method)

Please see the Test 2: Business Disruption Test on the "Qualification Analysis" tab to fill in any government mandates that impact the taxpayer.

Please refer to the IRS Notice 2021-20 below for guidance on whether or not the taxpayer may qualify under the business disruption test. You must self-certify and include all supporting documents of government mandates that impacted the business.

IRS Notice 2021-20 Page 24-44

Qualification Analysis

Taxpayer Name:

Enter answer here

b. If the taxpayer qualifies for any quarter, please "Document Checklist" tab for

information on what additional docume	ents you will need to provid	le.			
			Enter Answers		
Taxpayer Name	Enter Answers Here	Number of Full-Time Employees*	Here	Date Business Started	Enter Answers Here
				Type of Payroll Provider (In-	
		Type of Business (Partnership, S-Corp,	Enter Answers	House, 3rd Party -ADP,	
Taxpayer EIN	Enter Answers Here	C-Corp, Sole Proprietor)	Here	Paychecks, etc.)	Enter Answers Here
Taxpayer Pay Frequency	Enter Answers Here				

Owner Details

Name	% Owned	Relation to any other employee? If yes, list employee and relation.
Enter Answers Here	Enter Answers Here	Enter Answers Here

Other Government Programs

Please enter the names of all government programs applied for as well as the disbursement date and imount in the chart below. (PPP1, PPP2, RRF, Shuttered Venue Operators Grant, etc.)

Name of Program	Date Disbursed	Amount
Enter Answers Here	Enter Answers Here	Enter Answers Here

Test 1: Gross Receipts

"Gross Receipts" as defined by IRS:

"Gross receipts" for purposes of the Employee Retention Credit for an employer other than a tax-exempt organization has the same meaning as when used under section 448(c) of the Internal Revenue Code (the "Code"). Under the section 448(c) regulations, "gross receipts" means gross receipts of the taxable year and generally includes total sales (net of returns and allowances) and all amounts received for services. In addition, gross receipts include any income from investments, and from incidental or outside sources. For example, gross receipts include interest (including original issue discount and tax-exempt interest within the meaning of section 103 of the Code), dividends, rents, royalties, and annulties, regardless of whether such amounts are derived in the ordinary course of the taxpayer's trade or business. Gross receipts are generally not reduced by cost of goods sold, but are generally reduced by the taxpayer's adjusted basis in capital assets sold. Gross receipts do not include the repayment of a loan, or amounts received with respect to sales tax if the tax is legally imposed on the purchaser of the good or service, and the taxpayer merely collects and remits the sales tax to the taxing authority.

Instructions:

(1) Enter the dollar amount of your gross taxable income for each quarter in the table below. This includes sales revenue plus other income such as rent, interest, dividends etc. Use the same method that you use to report on your federal income tax return. For example, if you use accrual basis for tax reporting, then you would use the same method for the ERC test.

(2) Check the "QUARTERLY RECAP" table. If any of the 2020 quarters show a decrease in gross receipts that is -50% or more, you qualify for the Employee Retention Credit for that quarter. You are also eligible for the next following quarter; eligibility ends for the quarter after the quarter for which gross receipts return to greater than 80% of the gross receipts for the same quarter in 2019. For 2021, if any quarter shows a decrease in gross receipts that is -20% or more, you qualify for the Emipoyee Retention Credit for this quarter

(3) DOCUMENTATION: Gather support documentation. See separate list of items you need to gather.

	QI	JARTERLY RECAP	1		
	Sales revenue	Sales revenue			
	2019	2020	Difference	% difference	Qualify?
Q1	\$ 40,298	\$ 33,655	\$ (6,643	-16%	Not Qualified
Q2	\$ 402,572	\$ 98,387	\$ (304,185	-76%	Qualifies
Q3	\$ 1,399,393	\$ 258,311	\$ (1,141,082	-82%	Qualifies
Q4	\$ 639,035	\$ 294,518	\$ (344,517	-54%	Qualifies
TOTAL	\$ 2,481,298	\$ 684,871	\$ (1,796,427	-72%	

	Q	JARTERLY RECAP			
	Sales revenue	Sales revenue			
	2019	2021	Difference	% difference	Qualify?
Q1	\$ 40,298	\$ 334,213	\$ 293,915	729%	Not Qualified
Q2	\$ 402,572	\$ 350,000	\$ (52,572)	-13%	Not Qualified
Q3	\$ 1,399,393	N/A	#VALUE!	#VALUE!	#VALUE!
Q4	\$ 639,035	N/A	#VALUE!	#VALUE!	#VALUE!
TOTAL	\$ 2,481,298	\$ 684,213	\$ (1,797,085)	-72%	

*FOR 2021 YOU MAY USE AN ALTERNATE PERIOD FOR COMPARING GROSS RECEIPTS BY USING THE PRIOR QUARTERS COMPARISON. FOR EXAMPLE, YOU MAY USE Q4 2020 COMPARED TO Q4 2019 TO DETERMINE IF YOU QUALIFY FOR 2021 Q1.

Test 2: Business Interruption (Alternate Qualifying Method)

If you are not qualified for the credit based on the gross revenue test, you may qualify for the credits if you were fully or partially suspended from operating your business. Please review the rules for shutdowns on pages 24-44 of the link below.

Do you qualify as fully or partially shut down due to COVID restrictions? List all the beginning and ending dates of shutdown(s) below

Beginning Date	Ending Date	Description/Source/Government Order
3/17/2020	12/31/2020	Restaurant shutdown order 118 from state of Texas

For any "Not Qualified quarter, where the business interruption test applies, overried with "Qualifies"

Q1 2020	Q2 2020	Q3 2020	Q4 2020
Not Qualified	Qualifies	Qualifies	Qualifies
Q1 2021	Q2 2021	Q3 2021	Q4 2021
Not Qualified	Not Qualified	#VALUE!	#VALUE!

Documentation Requirements for ERC

If the business qualifies for any quarter, we will need the following documents.

Taxpayer Name:

Enter answer here

Checkbox	Document
	Gross Receipts data backup documentation (quarterly P&L
	comparison 2019, 2020, 2021, etc.)
	Government Mandate Closures (If applicable)
	Detailed Payroll Reports for all of 2020 and 2021 (showing gross
	wages for each paycheck for each employee)
	Health Plan Costs per employee including invoices
	Owner Details (% Owned, Relation to other employees)
	Employee Sick Leave Due to COVID with Backup Documentation or
	Closures Due to Sickness
	2019, 2020, 2021 941s for All Quarters
	PPP 1 and PPP 2 Applications with Supporting Documentation (if
	applicable)
	PPP 1 and 2 Loan Documents (if applicable)
	PPP 1 and 2 Forgiveness Application including loan disbursement
	and covered period dates (if applicable)
	Any PPP 1 or 2 Forgiveness Backup Documents including payroll
	data, rent invoices, supplier cost invoices, benefits statements, and
	any other documents used for forgiveness (if applicable)
	Supporting documentation for any R&D credits, 5884-C, FFCRA, and
	any other payroll credit including individual wages applied (if
	applicable)
	Any backup documentation for other government programs
	including RRF, Shuttered Venue Operators grant, etc. (if applicable)

PPP Forgiveness Overview

Received PPP 1 Loan? Yes/ No Yes PPP Round 1 Loan Amount 409.100.00

PPP Forgiveness Form Used (3508S, 3508EZ, 3508)

3508EZ 60% Payroll Requirement **Borrower Name** Sample Forgiveness Period (8 or 24 Weeks) **Borrower EIN** Sample PPP Loan Disbursement Date

Type of Business (Partnership, S-

Sample Covered Period Start Date 4/22/2020 **Covered Period End Date** 10/7/2020

245,460.00

24 Weeks

4/22/2020

PPP Forgiveness Details

Corp, C-Corp, Sole Proprietor)

Fill in all lines as reported on forgiveness application. If forgiveness application has not been filed, maximize ERC by using 60% payroll costs and the other 40% using other costs.

3508S

Amount of Loan Spend on Payroll Costs Amount of Forgiveness

3508EZ

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 Costs Line 9 Sum of Lines 1

through 8

Line 10 PPP Loan Amount \$

Line 11 Payroll Cost 60%

Line 12 Forgiveness Amount

409,100.00

409,100.00

3508

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 Costs

Line 9 Total Salary/ Wage

Reduction

Line 10 Sum Lines 1 through

8 and subtract line 9 Line 11 FTE Redution

Quotient Line 12 Modified Total

(Multiply 10 by 11)

Line 13 PPP Loan Amount

Line 14 Payroll Cost 60% Requirement

Line 15 Forgiveness Amount

(smallest of 12, 13, and 14)

PPP Support

Line 1 Payroll Costs	\$	314,409.47
Line 2 Business Mortgage		
Interest Payments	Ś	_
Line 3 Business Rent or		
Lease Payments	\$	15,288.17
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 Costs	\$	-
Line 9 Sum of 1 through 8	\$	329,697.64

Loan Amount	\$ 409,100.00	Amount Still Needed for Forgiveness	\$ 79,402.36
40% Nonpayroll Costs	\$ 163,640.00	Payroll Needed	\$ (68,949.47)
60% Payroll	\$ 245,460,00		

Payroll Cos	sts			Insurance			ortgage Interest ments	Rent	Breakdown	Bus	siness Utility Payments	Covered O Expend	•	Cov	vered Property Damage	Cover	ed Supplier Costs		red Worker otection
Amount from Worksheet	\$	283,151.03	Amount from Worksheet	\$	31,258.44	5/20/2020	Sample	4/28/2020	\$ 4,579.50	April	Sample	April	Sample	April	Sample	April	Sample	April	Sample
								5/28/2020	\$ 2,228.66	5									
								6/25/2020	\$ 2,289.75	5									
								7/28/2020	\$ 2,289.75	5									
								8/28/2020	\$ 1,610.76	5									
								9/25/2020	\$ 2,289.75	5									
Total	\$	283,151.03	Total	\$	31,258.44	Total	\$ -	Total	\$ 15,288.17	Tota	ıl \$ -	Total	\$ -	Total	\$ -	Total	\$ -	Total	\$ -

Gross Wage Adjustments

|--|

8/7/2020 Employee 1 \$ 5,000.00

Benefits

*Only Health Insurance Expenses are eligible for ERC

		Employee 1	Eı	mployee 2	Em	nployee 3	Em	nployee 4	Emp	oloyee 5	Em	nployee 6	E	mployee 7	Em	ployee 8	Empl	oyee 9	Em	ployee 10
Employee Contrib	oution Health Insurance																			10
Employee Contrib	January	\$ 125.84	\$	187.84	\$	_	\$	45.89	\$	_	\$	128.66	\$	187.84	\$	_	\$	_	Ś	_
	February	\$ 125.84	\$	187.84	\$	_	\$	45.89	\$	_	\$	128.66	\$	187.84		_	\$	_	\$	_
	March	\$ 125.84	\$	187.84	\$	_	\$	45.89	\$	_	\$	128.66	\$	187.84	\$	-	\$	-	\$	-
	April	\$ 251.68	\$	375.68	\$	-	\$	91.78	\$	-	\$	257.32	\$	375.68	\$	-	\$	-	\$	-
	May	\$ 377.52	\$	563.52	\$	-	\$	137.67	\$	-	\$	385.98	\$	563.52	\$	-	\$	-	\$	-
	June	\$ 251.68	\$	375.68	\$	-	\$	91.78	\$	-	\$	257.32	\$	375.68	\$	-	\$	-	\$	-
	July	\$ 251.68	\$	375.68	\$	_	\$	91.78	\$	_	\$	257.32	\$	375.68	\$	_	\$	_	\$	_
	August	\$ 251.68	\$	375.68	\$	_	\$	91.78	\$	_	\$	257.32	\$	375.68	\$	_	\$	_	\$	_
	September	\$ 251.68	\$	375.68	\$	_	\$	91.78	\$	-	\$	257.32	\$	375.68	\$	_	\$	_	\$	_
	October	\$ 377.52	\$	563.52	\$	_	\$	137.67	\$	_	\$	385.98	\$	375.68	\$	_	\$	_	\$	_
	November	\$ 377.52	\$	563.52	\$	_	\$	137.67	\$	_	\$	385.98	\$	375.68	\$	_	\$	_	\$	_
	December	\$ 377.52	\$	563.52	\$	_	\$	137.67	\$	_	\$	385.98	\$	375.68	\$	_	\$	_	\$	_
Employee Contr	ibution Life Insurance																			
. ,	January	\$ 135.90	\$	19.50	\$		Ś		Ś	_	Ś	_	Ś	_	Ś		Ś	_	\$	
	February	\$ 271.80	\$	39.00	\$	_	Ś	_	Ś	_	\$	_	Ś	_	Ś	_	\$	_	Ś	_
	March	\$ 407.70	\$	58.50	Ś	_	Ś	_	Ś	_	Ś	_	Ś	_	Ś	_	Ś	_	Ś	_
	April	\$ 271.80	\$	39.00	Ś	_	Ś	_	Ś	_	Ś	_	Ś	_	Ś	_	Ś	_	Ś	_
	May	\$ 271.80	\$	39.00	Ś	_	Ś		Ś	_	Ś	_	\$	_	Ś	_	\$	_	Ś	_
	June	\$ 271.80	\$	39.00	\$	_	Ś	_	\$	_	\$	_	Ś	_	\$		\$	_	\$	
	July	\$ 271.80	\$	39.00	\$	_	Ś	_	\$	_	\$	_	Ś	_	Ś	_	\$		\$	_
	August	\$ 271.80	\$	39.00	\$		\$		\$	_	\$		ş \$	_	\$	_	\$		\$	
	September	\$ 271.80	\$	39.00	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$		\$	-
	•		\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	October		\$	39.00 39.00	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	November					-	\$	_		-		-		-		_	\$	-		-
	December	\$ 407.70	\$	58.50	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Employer Contrib	ution Health Insurance	ć 4 02F 76	_	4 400 20	_			402.40	_		_	4.056.33	_	4 400 20	_					
	January	\$ 1,025.76	\$	1,499.38	\$	-	\$	493.19	\$	-		1,056.33	\$	1,499.38	\$	-	\$	-	\$	-
	February	\$ 1,025.76	\$	1,499.38	\$	-	\$	493.19	\$	-		1,056.33	\$	1,499.38	\$	-	\$	-	\$	-
	March	\$ 1,081.29	\$	1,559.24	\$	-	\$	526.39	\$	-		1,111.86	\$	1,559.24	\$	-	\$	-	\$	-
	April	\$ 1,033.21	\$	1,511.16	\$	-	\$	497.54	\$	-		1,063.78	\$	1,511.16	\$	-	\$	-	\$	-
	May	\$ 1,033.21	\$	1,511.16	\$	-	\$	497.54	\$	-		1,063.78	\$	1,511.16	\$	-	\$	-	\$	-
	June	\$ 1,033.21	\$	1,511.16	\$	-	\$	497.54	\$	-	\$	1,063.78	\$	1,511.16	\$	-	\$	-	\$	-
	July	\$ 1,033.21	\$	1,511.16	\$	-	\$	497.54	\$	-		1,063.78	\$	1,511.16	\$	-	\$	-	\$	-
	August	\$ 1,033.21	\$	1,511.16	\$	-	\$	497.54	\$	-		1,063.78	\$	1,511.16	\$	-	\$	-	\$	-
	September	\$ 1,033.21	\$	1,511.16	\$	-	\$	497.54	\$	-	\$	1,063.78	\$	1,511.16	\$	-	\$	-	\$	-
	October	\$ 1,033.21	\$	1,511.16	\$	-	\$	497.54	\$	-	\$	1,063.78	\$	1,511.16	\$	-	\$	-	\$	-
	November	\$ 1,033.21	\$	1,511.16	\$	-	\$	497.54	\$	-	\$	1,063.78	\$	1,511.16	\$	-	\$	-	\$	-
	December	\$ 1,081.29	\$	1,559.24	\$	-	\$	526.39	\$	-	\$	1,111.86	\$	1,559.24	\$	-	\$	-	\$	-
Employer Contr	ibution Life Insurance																			
	laaaa.	¢ 246.25	4	120.05	4	00.20	4	110.25	4											
	January	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	_	4		4	101.07	4		4		4	
	February	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	March	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	April	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	May	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	June	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	July	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	August	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	September	\$ 246.25		129.85		90.39	\$	110.35	\$	-	\$	-	\$	101.07		-	\$	-	\$	-
	October	\$ 246.25		129.85		90.39	\$	110.35		-	\$	-	\$	101.07		-	\$	-	\$	-
	November	\$ 246.25	\$	129.85		90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	December	\$ 246.25	\$	129.85	\$	90.39	\$	110.35	\$	-	\$	-	\$	101.07	\$	-	\$	-	\$	-
	TOTAL HEALTH	\$ 9,333.78	\$	13,510.52	\$	-	\$	4,872.23	\$	-	\$	9,630.12	\$	14,074.04	\$	-	\$	-	\$	-
	TOTAL LIFE	\$ (442.50)	\$	1,070.70	\$	1,084.68	\$	1,324.20	\$	-	\$	-	\$	1,111.77	\$	-	\$	-	\$	-
*Make election for																				
health insruance for	TOTAL TO ADD TO																			
PPP Forgiveness	FORGIVENESS	\$ 5,040.18	\$	8,208.63	\$	632.73	\$	3,520.99	\$	-	\$	5,387.90	\$	8,468.01	\$	-	\$	_	\$	_
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , ,				,				,		,						
	SUM OF Q1	\$ 2,678.64	\$	4,267.03	\$	271.17	\$	1,706.15	\$	-	\$	2,838.54	\$	4,196.62	\$	-	\$	-	\$	-
	SUM OF Q2	\$ 2,142.10		3,491.15				1,502.44		_		2,290.72		3,521.81		_	\$	_	\$	_
	SUM OF Q3	\$ 2,267.94		3,678.99				1,548.33		_		2,419.38		3,709.65		_	\$	_	\$	_
	SUM Q4	\$ 1,802.60						1,439.51		_		2,081.48		3,757.73		_	\$	-	\$	-
	•		•	,			•							,						
	Amount Eligible for ERC																			
	SUM OF Q1	\$ 2,755.29	\$	3,994.48	\$	-	\$	1,375.10	\$	-	\$	2,838.54	\$	3,994.48	\$	-	\$	-	\$	-
	SUM OF Q2	\$ 2,218.75	\$	3,218.60	\$	-	\$	1,171.39	\$	-	\$	2,290.72	\$	3,218.60	\$	-	\$	-	\$	-
	SUM OF Q3	\$ 2,344.59	\$	3,406.44	\$	-	\$	1,217.28	\$	-	\$	2,419.38	\$	3,406.44	\$	-	\$	-	\$	-
	SUM Q4	\$ 2,015.15	\$	2,891.00	\$	-	\$	1,108.46	\$	-	\$	2,081.48	\$	3,454.52	\$	-	\$	-	\$	-

2020 ERC Calculations

Taxpayer Name: Sample Taxpayer EIN: Sample

PPP Forgiveness Data

Forgiveness Period (8/24 Weeks)

PPP Round 1 Loan Amount \$

409,100.00 60% Requirement \$ 245,460.00

Type of Business (Partnership, S-Corp,

C-Corp, Sole

24 Weeks Proprietor) Covered Period End

Covered Period Start Date 4/22/2020 Date *Max amount of wages for any employee used for PPP Forgiveness is \$46,154 for 24 weeks and \$15,385 for 8 weeks

Employee Data

*See "Qualification Analysis" tab for Owner Details

	Employee 1	Employee 2	Employee 3	Employee 4	Employee 5	Employee 6	Employee 7	Employee 8	Employee 9	Employee 10
Owner - Yes or No?	No	No	No	No	Yes	No	No	No	No	No
Related Party - Yes or No?	No	Yes	No							
FII-IN- 4 FDC V N-3	Ves	Vac	Vac	Vac	No	Voc	Voc	Ves	No	Ves

Payroll Data

*Formulas for quarter totals will change based on payroll type (weekly, biweekly, etc.)

PPP Calculator 60% Needed \$ 245,460.00 Payroll Needed \$

Sample

10/7/2020

Color Code	Payroll Period Ending On:	Employee 1	Employee 2	Employee 3	Employee 4	Employee 5	Employee 6	Employee 7	Employee 8	Employee 9	Employee 10
Insurance Costs Included in ERC	3/20/2020 \$	8,319.23	\$ 5,961.54	\$ 4,193.23	\$ 9,003.86	\$ 1,990.44	\$ 2,307.6	9 \$ 4,230.7	7 \$ -	\$ 1,520.00	\$ -
Insurance Costs included in Forgiveness	4/3/2020 \$	8,319.23	\$ 5,961.54	\$ 4,193.23	\$ 9,003.86	\$ 1,990.44	\$ 2,307.6	9 \$ 4,230.7	7 \$ -	\$ 1,520.00	\$ -
March Wages Applied to ERC	4/17/2020 \$	7,487.28	\$ 5,365.44	\$ 3,794.93	\$ 8,103.60	\$ 1,790.22	\$ 2,077.2	0 \$ 3,807.3	6 \$ -	\$ 1,400.00	ş -
Wages Applied to Q2 ERC	5/1/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	ş -
Wages Applied to Q3 ERC	5/15/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	s -
Wages Applied to Q4 ERC	5/29/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	ş -
Wages Applied to PPP Forgiveness	6/12/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	ş -
Sick Leave Q1	6/26/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	ş -
Sick Leave Q2	7/10/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	\$ -
Sick Leave Q3	7/24/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	\$ -
Sick Leave Q4	8/7/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	s -
Total Family Sick Leave Q1	8/21/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	s -
Total Family Sick Leave Q2	9/4/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ -	\$ 1,200.00	ş -
Total Family Sick Leave Q3	9/18/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ 3,384.3	2 \$ 1,077.2	0 \$ 1,200.00	\$ -
Total Family Sick Leave Q4	10/2/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	o \$ -	\$ 2,153.8	5 \$ 1,200.00	\$ -
Wages Used for Previously											
Claimed Credit	10/16/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ -	\$ 2,153.8	5 \$ 1,200.00	\$ -
	10/30/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ -	\$ 2,153.8	5 \$ 1,200.00	\$ -
	11/13/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ -	\$ 2,153.8	5 \$ 1,200.00	\$ -
	11/27/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ -	\$ 2,153.8	5 \$ 1,200.00	\$ -
	12/11/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,846.4	0 \$ -	\$ 2,153.8	5 \$ 1,200.00	\$ -
	12/24/2020 \$	6,655.36	\$ 4,769.28	\$ 3,396.45	\$ 7,203.20	\$ 1,560.11	\$ 1,864.4	0 \$ -	\$ 2,153.8	5 \$ 1,200.00	\$ 1,990.44
	Total Wages Paid \$	143,922.22	\$ 103,135.56	\$ 73,317.49	\$ 155,768.92	\$ 33,853.08	\$ 39,945.7	8 \$ 49,496.4	2 \$ 16,154.1	5 \$ 26,040.00	\$ 1,990.44
	Payroll Eligible for PPP \$										
	Payroll Applied to PPP \$										
	Total Insurance Applied to PPP \$						\$ 5,387.9			\$ -	\$ -
											•
	Total Wages March \$	8,319.23	\$ 5,961.54	\$ 4,193.23	\$ 9,003.86	\$ 1,990.44	\$ 2,307.6	9 \$ 4,230.7	7 \$ -	\$ 1,520.00	\$ -

283,151.03 Total Payroll 31,258.44 Total Insurance

Total Wages March Used	\$	-	\$	-	\$		\$	-	\$ -	\$ -	\$		\$ -	\$	-	\$		\$	-	Total March Wages
Total ERC March	\$		\$		\$		\$		\$	\$	\$		\$	\$		\$				
Total Sick Leave Q1																		\$	-	Total Sick Leave Q1
Total Family Sick Leave Q1																		\$	-	Q1
Total Wages Q2	\$	49,083.31	\$	35,173.38	\$	24,970.41	\$	53,123.46	\$ 11,581.21	\$ 13,616.89	\$	24,959.73	\$	\$	8,920.00	\$				
Total Q2 Wages Applied to ERC											\$	10,000.00						\$ 10,0	00.00	Total Q2 Wages
Total Insurance for Q2 ERC																		\$	-	Total Insurance Q2
Total ERC Q2	\$	-	\$	-	\$	-	\$	-	\$ -	\$ -	\$	5,000.00	\$ -	\$	-	\$				
Total Sick Leave Q2																		\$	-	Total Sick Leave Q2
Total Family Sick Leave Q2																		\$	-	Total Family Sick Leave Q2
Total Wages Q3	\$	39,932.16	\$	28,615.68	\$	20,378.70	\$	43,219.20	\$ 9,360.66	\$ 11,078.40	\$	20,305.92	\$ 1,077.20	\$	7,200.00	\$	-			
Total Q3 Wages Applied to ERC	\$																	\$	_	Total Q3 Wages
Total Insurance for Q3 ERC																		\$	-	Total Insurance Q3
Total ERC Q3	\$	-	\$	-	\$	-	\$	-	\$ -	\$	\$	-	\$ -	\$		\$				
Total Sick Leave Q3																		\$	-	Total Sick Leave Q3
Total Family Sick Leave Q3																		ś	_	Total Family Sick Leave Q3
Total Wages Q4	Ś	46,587.52	Ś	33,384.96	Ś	23,775.15	Ś	50,422.40	\$ 10,920.77	\$ 12,942.80	Ś		\$ 15,076.95	Ś	8,400.00	Ś	1,990.44	•		,
•	Ť	·											·							
Total Q4 Wages Applied to ERC	Ş	10,000.00	\$	10,000.00	\$	10,000.00	\$	10,000.00	\$ -	\$ 10,000.00	Ş	-	\$ 10,000.00	\$		Ş	1,990.44	\$ 61,9	90.44	Total Q4 Wages
Total Insurance for Q4 ERC																		\$	-	Total Insurance Q4
Total ERC Q4	\$	5,000.00	\$	5,000.00	\$	5,000.00	\$	5,000.00	\$ -	\$ 5,000.00	\$	-	\$ 5,000.00	\$	-	\$	995.22			
Total Sick Leave Q4																		s		Total Sick Leave Q4
																		•	-	Total Sick Leave Q4
Total Family Sick Leave Q4																		\$	-	Total Family Sick Leave Q4
Total ERC	\$	5,000.00	\$	5,000.00	\$	5,000.00	\$	5,000.00	\$ -	\$ 5,000.00	\$	5,000.00	\$ 5,000.00	\$	-	\$	995.22	\$ 35,9	95.22	Total ERC

Worksheet 1

ep 1		2	2020 Q2	20	20 Q3	2	020 Q4
	Enter the amount of social security wages from Form 941, line						
1a	5a, column 1, or, if corrected, enter the amount from Form 941-	<u>.</u>	102 472 20			ے ا	02 547 70
	X, line 8, column 1	\$	192,473.28			\$	82,517.79
1 h	Enter the amount of social security tips from Form 941, line 5b, column 1, or, if corrected, from Form 941-X, line 11, column 1						
10	column 1, or, il corrected, from Form 941-A, line 11, column 1	\$	_	\$	_	\$	
1.	Add lines 1a and 1b		- 192,473.28	\$	-	۶ \$	82,517.79
	Multiply line 1c by 6.2% (0.062)	\$	11,933.34	\$	-	۶ \$	5,116.10
	If you're a third-party payer of sick pay that isn't an agent and you're claiming credits for amounts paid to your employees, enter the employer share of social security tax required to be paid by the employer that you included on Form 941, Part 1,	,	11,933.34	Ÿ	-	٦	3,110.10
	line 8, or, if corrected, the amount of employer social security tax on sick pay that you included on Form 941-X, line 15, column 1 (enter as a	\$	_	\$	_	\$	_
1f	Employer share of social security tax included on Form 941-X, line 20,	,		T		Ī	
	column 4	\$	-	\$	-	\$	-
1g	If you received a Section 3121(q) Notice and Demand during the quarter, enter the amount of the employer share of social						
	security tax from the notice	\$	-	\$	-	\$	-
1h	Employer share of social security tax. Combine lines 1d, 1e, 1f, and 1g $$	\$	11,933.34	\$		\$	5,116.10
	Enter the amount from Form 941, Part 1, line 11a, or, if	۲	11,933.34	۲	_		3,110.10
1 i	corrected, the amount from Form 941-X, line 16, column 1 (credit from Form 8974)	\$	_	\$	_	\$	_
1 j	Enter the amount from Form 941, Part 3, line 23, or, if corrected, the amount from Form 941-X, line 32, column 1			·			
	(credit from Form 5884-C) Total nonrefundable credits already used against the	\$	-	\$	-	\$	-
1k	employer share of						
	social security tax. Add lines 1i and 1j	\$	-	\$	-	\$	-
	Employer share of social security tax remaining. Subtract line						
11	1k						
	from line 1h	\$	11,933.34	\$	-	\$	5,116.10
ep 2							
2a	5a(i), column 1, or, if corrected, the amount from Form 941-X, line 9, column 1	\$	-	\$	-	\$	_
2a(i)	Qualified sick leave wages included on Form 941, Part 1, line 5c, or, if corrected, Form 941-X, line 12, column 1, but not included on Form 941, Part 1, line 5a(i), column 1, or Form 941-X, line 9, column 1, because the wages reported on that line were limited by the social security wage base			Ċ		ć	
2a/ii\	Total qualified sick leave wages. Add lines 2a and 2a(i)	\$ \$	_	\$ \$	_	\$ \$	_
	Qualified health plan expenses allocable to qualified sick leave	٦	-	ڊ	-		-
2b	wages (Form 941, Part 3, line 19, or, if corrected, Form 941-X, line 28, column 1)	\$	_	\$	_	\$	_

						l	1
20	Employer share of Medicare tax on qualified sick leave wages.						
۷.	wutipiy			١.		١.	
	line 2a(ii) by 1.45% (0.0145)	\$	-	\$	-	\$	-
2d	Credit for qualified sick leave wages. Add lines 2a(ii), 2b, and	١.		١.		Ι.	
	2c	\$	-	\$	-	\$	-
_	Qualified family leave wages reported on Form 941, Part 1, line						
26	5a(ii), column 1, or, if corrected, the amount from Form 941-X,	_		_			
	line 10, column 1	\$	-	\$	-	\$	-
	Qualified family leave wages included on Form Q41. Part 1, line						
	Qualified family leave wages included on Form 941, Part 1, line 5c, or, if corrected, Form 941-X, line 12, column 1, but not						
2e(i)	included on Form 941, Part 1, line 5a(ii), column 1, or Form 941-						
	X, line 10, column 1, because the wages reported on that line						
	were limited by the social security wage base	\$	_	\$		\$	_
	were infliced by the social security wage base	۲	_	۲		۲	
2e(ii)	Total qualified family leave wages. Add lines 2e and 2e(i)	\$	_	\$	_	\$	_
	Qualified health plan expenses allocable to qualified family	7		7		ľ	
21	Fleave wages (Form 941, Part 3, line 20, or, if corrected, Form						
	941-X, line 29, column 1)	\$	_	\$	_	\$	_
	Employer share of Medicare tax on qualified family leave	T		T		ľ	
28	wages. Multiply line 2e(ii) by 1.45% (0.0145)	\$	-	\$	-	\$	-
2h	Credit for qualified family leave wages. Add lines 2e(ii), 2f, and 2	\$	-	\$	-	\$	-
	,			ļ ·		ľ	
2	Credit for qualified sick and family leave wages. Add lines 2d						
	and 2h	\$	-	\$	-	\$	-
	Nonrefundable portion of credit for qualified sick and family						
2	leave wages. Enter the smaller of line 1l or line 2i. Enter this						
	amount on Form 941-X, line 17, column 1	\$	-	\$	-	\$	-
	Refundable portion of credit for qualified sick and family						
2k	leave wages. Subtract line 2j from line 2i and enter this amount						
	on Form 941-X, line 25, column 1	\$	-	\$	-	\$	-
Step 3							
	Qualified wages (excluding qualified health plan expenses) for						
	the employee retention credit (Form 941, Part 3, line 21, or, if						
3 a	corrected, Form 941-X, line 30, column 1)	\$	10,000.00	\$	-	\$	61,990.44
	Qualified health plan expenses allocable to qualified wages for						
	the employee retention credit (Form 941, Part 3, line 22, or, if						
3b	corrected, Form 941-X, line 31, column 1)	\$	-	\$	-	\$	-
	Qualified wages (excluding qualified health plan expenses) paid						
	March 13, 2020, through March 31, 2020, for the employee						
	ivial cit 13, 2020, till ought ivial cit 31, 2020, for the employee						
	retention credit (Form 941						
	retention credit (Form 941, Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1).						
	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1).						
30	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1). Enter an	Ś	-	Ś	_	\$	_
30	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1). Enter an amount here only for the second quarter Form 941-X	\$	-	\$	-	\$	-
30	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1). Enter an amount here only for the second quarter Form 941-X Qualified health plan expenses allocable to qualified wages paid	\$	-	\$	-	\$	-
30	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1). Enter an amount here only for the second quarter Form 941-X Qualified health plan expenses allocable to qualified wages paid March 13, 2020, through March 31, 2020, for the employee	\$	-	\$	-	\$	-
30	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1). Enter an amount here only for the second quarter Form 941-X Qualified health plan expenses allocable to qualified wages paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 25, or, if corrected,	\$	-	\$	-	\$	-
	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1). Enter an amount here only for the second quarter Form 941-X Qualified health plan expenses allocable to qualified wages paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 25, or, if corrected, Form 941-X, line 34, column 1). Enter an amount here only for		-		-		-
3 d	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1). Enter an amount here only for the second quarter Form 941-X Qualified health plan expenses allocable to qualified wages paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 25, or, if corrected, Form 941-X, line 34, column 1). Enter an amount here only for the second quarter Form 941-X	\$	10.000.00	\$	-	\$	-61.990.44
3d 3e	Part 3, line 24, or, if corrected, Form 941-X, line 33a, column 1). Enter an amount here only for the second quarter Form 941-X Qualified health plan expenses allocable to qualified wages paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 25, or, if corrected, Form 941-X, line 34, column 1). Enter an amount here only for		10,000.00	\$	-		- 61,990.44 30,995.22

Enter the amount of the employer share of social security tax 3g from Step 1, line 1l	\$ 11,933.34	\$ -	\$ 5,116.10
Enter the amount of the nonrefundable portion of the credit for			
3h qualified sick and family leave wages from Step 2, line 2j	\$ -	\$ -	\$ -
3i Subtract line 3h from line 3g	\$ 11,933.34	\$ -	\$ 5,116.10
Nonrefundable portion of employee retention credit. Enter			
the smaller of line 3f or line 3i. Enter this amount on Form 941-			
3j X, line 18, column 1	\$ 5,000.00	\$ -	\$ 5,116.10
Refundable portion of employee retention credit. Subtract line			
3j from line 3f and enter this amount on Form 941-X, line 26,			
3k column 1	\$ -	\$ -	\$ 25,879.12

2020 941-X Overview

2020 941-X Q2					2020 941-X Q3						2020 941-X Q4							
Line	Column 1	Column 2	Column 3	Column 4	Line	Colu	ımn 1 Column 2	Column 3	Colun	nn 4	Line	Column 1	Colum	n 2	Column 3	Column 4		
6					6		•				6							
7					7						7							
8					8						8							
9					9						9							
10					10						10							
11					11						11							
12					12						12							
13					13						13							
14					14						14							
15					15						15							
16					16						16							
17					17						17							
18	\$ 5,000.00	\$ -	\$ 5,000.00	\$ (5,000.00)	18	\$	-				18	\$ 5,116.10	\$	-	\$ 5,116.10	\$ (5,116.10)		
19					19						19							
20					20						20							
21					21						21							
22					22						22							
23				\$ (5,000.00)	23				\$	-	23					\$ (5,116.10)		
24					24						24							
25					25						25							
26	\$ -				26	\$	-				26	\$ 25,879.12	\$	-	\$ 25,879.12	\$ (25,879.12)		
27				\$ (5,000.00)	27				\$	-	27					\$ (30,995.22)		
28					28						28							
29					29						29							
30	\$ 10,000.00	\$ -	\$ 10,000.00		30	\$	-				30	\$ 61,990.44	\$	-	\$ 61,990.44			
31					31						31							
32					32						32							
33a	\$ -				33a						33a							
33b					33b						33b							
34					34						34							

Check the 2. Claim Check the box for 3. Check the box 5d.

Sample 941-X 941-X Instructions

ERC Credit Overview

Quarter	Amount								
Q2	\$	5,000.00							
Q3	\$	-							
Q4	\$	30,995.22							
Total for 2020	\$	35.995.22							