

# ERTC SURVEY



Company

Address

Contact Person

Contact Number

Email

**Please email finished survey to [Vernon.stading@devotedenterprises.com](mailto:Vernon.stading@devotedenterprises.com)**

1. What is the average number of employees per quarter?
  - a. Q2 - Q4 2020
  - b. Q1 - Q3 2021
2. What is the quarterly wage for W-2 employees *(This information can be found in the quarterly wage report)?-DO NOT INCLUDE OWNERSHIP W-2 WAGES HERE*

	<u>Number of Employees</u>	<u>Quarterly Payroll Amount</u>
a. Q2 - 2020		
b. Q3 - 2020		
c. Q4 - 2020		
d. Q1 - 2021		
e. Q2 - 2021		
f. Q3 - 2021		
g. Q4 - 2021	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>

## ERTC SURVEY CONT'D

3. Wages earmarked for PPP forgiveness:
- a. How much was received for the 1<sup>st</sup> round of PPP?
    - i. What amount went towards wages?
  - b. How much was received for the 2<sup>nd</sup> round of PPP?
    - ii. What amount went towards wages?
4. Was the business deemed non-essential during full or partial government shutdown?  
Yes  No
5. Was the business deemed essential but had trouble sourcing equipment, supplies, etc.,? Yes  No
6. What cover period was used when applying for forgiveness of the 1st PPP Loan?  
8 weeks  24 weeks
- a. Start date
  - b. End date
7. What cover period was used when applying for forgiveness of the 2nd PPP Loan?  
8 weeks  24 weeks
- a. Start date
  - b. End date
8. What type of Entity is your business?  
C Corp  S Corp  LLC  Partnership  Sole Proprietor  Non-Profit

The Estimate you will be given is a “rough” estimate based on the data provided in the client survey. It does not prove or attempt to prove that an employer qualifies for a recovery.

### How to Qualify

**Reduction in Gross Receipts:** An employer is eligible based on reduction of Gross Receipts 2020: 50% or greater drop in Gross Receipts vs the same quarter in 2019  
2021: 20% or greater drop in Gross Receipts vs the same quarter in 2019

### Other Considerations

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Full shutdowns   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Partial shutdowns  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Interrupted operations                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Supply chain interruptions                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Inability to access equipment                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Limited capacity to operate                              | Yes                          | No                          |
| • Inability to work with your vendors                      | Yes                          | No                          |
| • Reduction in services or goods offered to your customers | Yes                          | No                          |
| • Cut down in your hours of operation                      | Yes                          | No                          |
| • Shifting hours to increase sanitation of your facility   | Yes                          | No                          |