PPP First Draw Loan Sizing Worksheet

For: Farmers and ranchers with employees



Must file Schedule F to use this worksheet.

forms)

Your business name:

| _ | PART I: CALCULATE YOUR MAXIMUM PPP LOAN REQUEST | ΔM | OUNT |
|----|--|------|------|
| 1. | Enter the time period you are using to calculate average monthly payroll | | |
| | Options: 2019, 2020, or Startup Method (see instructions on page 3) | | |
| 2. | Enter the gross income amount (Line 9) from your IRS Form 1040 Schedule F for the selected time period If this amount is over \$100,000, reduce it to \$100,000. If this amount is less than zero, just enter 0. | | |
| | Employee Payroll Costs for the selected time period: | | |
| 3. | a. Enter IRS Form 943 Taxable Medicare wages & tips | Q1 | |
| | Line 4 from each quarterly 943 | Q2 | |
| | | Q3 | |
| | | Q4 | |
| | Subt | otal | |
| | As applicable for the selected time period: b. Enter any pre-tax employee contributions for health insurance or other fringe benefits excluded from Taxable Medicare wages & tips | | |
| | c. Enter (i) any amount paid to any individual employee in excess of \$100,000, and (ii) any amounts paid to any employee whose principal place of residence is outside the US | (-) | |
| | Additional eligible payroll costs for the selected time period: | | |
| | d. Enter employer contributions for employee group health, life, disability, vision, and dental insurance | | |
| | The portion of IRS Form 1040 Schedule F line 15 attributable to those contribution | S | |
| | e. Employer contributions to employee retirement plans | | |
| | IRS Form 1040 Schedule F line 23 | | |
| | f. Employer state and local taxes assessed on employee compensation, primarily state unemployment insurance tax | | |
| | Primarily state unemployment insurance tay (from state quarterly wage reporting | | |

| 4. | Subtotal all payroll costs | | | | | | | | |
|---------------|---|------|--|--|--|--|--|--|--|
| | Adding Line 2 plus Line 3-a, b, d, e, f, and minus Line 3-c | | | | | | | | |
| 5. | Calculate average monthly payroll | | | | | | | | |
| | Payroll Subtotal (Line 4) / 12 » Enter this amount in the 'Average Monthly Payroll' box of your SBA Form 2483 | | | | | | | | |
| 6. | Multiply the average monthly payroll amount by 2.5 | | | | | | | | |
| 7. | Add the outstanding amount of any EIDL loan received between 1/31/20 and 4/3/20 that you seek to refinance. Do not include the amount of any advance under an EIDL COVID-19 loan (because | | | | | | | | |
| | it does not have to be repaid). You do not have to refinance your EIDL. This is purely optional. | | | | | | | | |
| \rightarrow | This Your Maximum PPP Loan Request Amount: | .00 | | | | | | | |
| | Line 6 + Line 7 <u>rounded down to nearest whole dollar</u> » Enter up to this amount in the 'Loan Request Amount' box of your SBA Form 2483 | | | | | | | | |
| | PART II: ORGANIZE YOUR REQUIRED SUPPORTING DOCUM | ENTS | | | | | | | |
| | ing documents <u>must</u> be submitted along with your completed SBA Form 2483. If any recovery will delay the processing of your application and could jeapordize its ability to be funde Document(s) to support your Average Monthly Payroll figure: | | | | | | | | |
| | IRS Form 1040 Schedule 1 and Schedule F for the relevant year | | | | | | | | |
| | IRS Form 943 from each quarter (or equivalent payroll processor records or IRS Wage and Tax Statements) | | | | | | | | |
| | If Line 3-f is greater than \$0: state quarterly wage unemployment insurance tax reporting form from each quarter (or equivalent payroll processor records or IRS Wage and Tax Statements | | | | | | | | |
| | If Line 3-e is greater than $\$0$: documentation of any retirement or group health, life, disability, vision, and dental contributions | | | | | | | | |
| | Document(s) to prove in operation: A payroll statement or similar documentation from the pay period that covered February 15, 2020 must be provided to establish you were in operation and had employees on that date. | | | | | | | | |

PART III: FILL OUT YOUR SBA FORM 2483

Below are the most common ways applicants incorrectly fill out their Form 2483. Please review each of them to ensure you've correctly completed your form, and then initial at the bottom once you've verified each of the items.

Page 1 Common Issues:

| | Borre | Paycheck Protection Prower Application Form Revised | | OMB Control No.: 32 Expiration Date: 7. | | |
|--|---|--|---|---|----------|---------------------------------|
| | | ership C-Corp S-Corp LLC | DBA or Tradename (if | Year of Establishment | (if | |
| | lependent Contractor 1(c)(3) nonprofit 5 | Self-Employed Individual | applicable) | applicable) | | |
| 5 0: | | nization Housing cooperative | | | | |
| Business Legal Name | | | NAICS Code Applicant (including affiliates, if applicable) Meets Size Standard (check one): | | ze : | Make sure to enter your full |
| | | | | No more than 500 emplo (or 300 employees, if appli | | EIN (if incorporated) or SSN |
| | | | | SBA industry size standa | rds | (if self-employed) without |
| Business Address (S | Street, City, State, Zi | p Code - No P.O. Box addresses | Business TIN (EIN, SSN) | SBA alternative size | LadIQ. | · |
| | allowed) | | | | | <u>dashes</u> . |
| | | | Primary Contact | Email Address | | |
| | | | Training Countries | Eman Address | | |
| | | x 2.5 + EIDL (Do Not Include | | | | Must provide SSN (without |
| Average Monthly Payroll: | s | Any EIDL Advance) equals | Number of Employee | | | dashes) if owner is an |
| | | Loan Request Amount: | | _ | | |
| Purpose of the | ☐ Payroll Costs | Rent / Mortgage Interest | ☐ Utilities | □ Covered Operations Expenditures | | individual. Only use EIN if |
| loan (select all | ☐ Covered Proper | . | ☐ Covered Worker | | | owner is another business. |
| that apply): | Damage | ☐ Covered Supplier Costs | Protection Expenditures | Other (expl m): | | |
| | L | Applicant Ownersh | in | | | |
| List all owners of 20% | or more of the equity | of the Applicant. Attach a separate sl | | | | Make sure and answer <u>all</u> |
| Owner N | Vame | Title Ownersh | ip % TIN (EIN (5N) | Address | | questions. |
| | | | | | | 4 |
| If questions (1), (2), (5), | , or (6) are answered | "Yes," the loan will not be approved | | | | |
| | | Question | | Yes | No | If Yes for #3, you must attach |
| | | cant presently suspended, debarred, p this transaction by any Federal depar | | | | • |
| bankruptey? | | | | | | Addendum A. |
| | | cant, or any business owned or contro deral agency that is (a) currently deli | | | | |
| caused a loss to the g | overnment? | | | | | 1637 6 114 |
| | | cant an owner of any other business, siness? If yes, list all such businesses | | | | If Yes for #4, you must attach |
| | arate sheet identified a | is addendum A. iic Injury Disaster Loan between Jani | 31 2020 and Anni 13 2020 | 7 Tf was musside | | Addendum B. |
| details on a separate | sheet identified as add | endum B. | | | | |
| | | dividual owning 20% or more of the ent, criminal information, arraignmen | | | | |
| are brought in any ju | risdiction? | | n, or other means of which roll | an craning changes | | Don't forget to <u>initial</u> |
| | n your response to que | | | | | questions 5 & 6!!! |
| | | lving fraud, bribery, embezzlement, or within the last year, for any other | | | | <u>questions 5 & 5</u> |
| owner of the Applica | | pleaded guilty; 3) pleaded nolo co | | | | |
| | probation before judgi n your response to que | | | | | Carefully read and answer #7 |
| | | esidence for all employees included i | n the Applicant's payroll calcul | ation above? | | (hint: must be 'Yes' to be a |
| 8. Is the Applicant a fra | | . D 270 4 CDAT | 1: 11 05 6 1 1 | | | valid application) |
| 9. Is the franchise listed | i in the SBA's Franchi | ise Directory? If yes, enter the SBA I | ranchise Identifier Code here: | | | valid application) |
| | | | | | | |
| Page 2 Comn | non Issues: | | | | | Initial all haves |
| | | ······································ | | | | Initial all boxes |
| | | n two years and/or a fine of not months. | | o a federally insured institution | n, under | |
| | that the Lender will co | nd agree | And don't forget to sign your | | | |
| | can share any tax info e of Inspector General, | form!! | | | | |
| MANUAL DESIGNATION OF THE PARTY | | - F-F Companie With | | | | |
| Signature of Authorized I | Representative of Appl | licant | Date | | | |
| | | | | | | |
| Print Name | | | Title | | | |
| SBA Form 2483 (1/21) | | 2 | | | | |
| | | | | | | Initial: |
| | | | | | | |

Initial to the right to indicate that you have reviewed each of these common issues and verified your form has been completed fully to the best of your ability \rightarrow

SPECIAL INSTRUCTIONS IF USING THE "STARTUP METHOD" TIME PERIOD

If you were in operation on February 15, 2020, but were not in operation between February 15, 2019, and June 30, 2019, you may choose one of two ways to calculate your First Draw PPP Loan amount.

The **first option** is to simply use payroll information for all of 2020 instead of 2019. If using this option, please select "2020" as your time period for question 1 above and then proceed following the instructions.

The **second option**, the "Startup Method", is to calculate your loan amount using your average monthly payroll costs (and Schedule C net income) for January and February 2020.

Fill out an IRS Form 1040 Schedule C for January and February 2020. The entries on the schedule must reflect all business income and expenses from those two months, with the exception that on Schedule C line 13: o you must include only 1/6 of the amount of any annual depreciation and section 179 expense deduction attributable to investment made in those months, and o you must include 1/6 of the amount of the 2020 depreciation deduction attributable to investment made in prior years.

Once completed, enter the amount from Line 31 on your Schedule C for Question 2 on page 1 of this worksheet. Note: save your Schedule C as you will be required to attach it when submitting your application.

Then, additionally add all relevant employee payroll costs for on Page 1 Lines 3 a-f. You also must provide payroll records from those two months, your IRS Form 941 for the first quarter of 2020, and documentation of any employer retirement and group health, life, disability, vision, and dental insurance contributions made on behalf of employees.

QUESTIONS?

<u>Please visit our PPP Help Center for FAQ, webinars, and contact information</u> <u>to reach one of our PPP specialists</u>