

Jorns & Associates LLC

ERC Questionnaire

The purpose of this form is to document a Full or Partial Suspension of operations as a result of governmental orders restricting commerce, travel, or group meetings. Although we are asking some revenue questions, a revenue reduction is NOT required. **The goal is to accurately capture manners in which governmental orders impacted or restricted your business operations.**

*Specify affected quarters (ex.: 2020 of Q2 only; 2020 Q2, Q3, and Q4). Please answer all questions completely and to the best of your abilities to avoid any delays.

Client Information

Company Name:

EIN Number:

Company Address (City/County/State):

Name and Title:

Email:

Phone:

Was your business operational in 2018? If No, please state first date of operation/first date of revenue, whichever is later:

Do you or other partners own multiple companies?

If Yes, please fill out the Multiple Entity Ownership Excel Template attached in your Welcome email.

Does your spouse own a separate business? If yes, please answer the following questions. If statement is True, please mark "Yes". If statement is False, please mark "No":

1. The spouse has no direct ownership

2. The spouse is not an employee nor engaged in company management

3. The company's passive investment income is below 50% of gross income for the year

4. The owner's interest is not affected by disposition restrictions that benefit the spouse or the couple's minor children

Have you filed for the ERC previously for this business? If yes, please list the Year(s) and Quarter(s) and include these 941Xs in your submission.

Did you receive PPP1 (First Draw) Loan Forgiveness? If yes, please submit your forgiveness application.

Did you receive PPP2 (Second Draw) Loan Forgiveness? If yes, please submit your forgiveness application.

Payroll Information

List any owners on the employee payroll who own more than 50% of the company:

Do any of the owners with more than 50% ownership have any immediate or extended family members on payroll? If yes, please list them by name (spelled exactly as they are listed on the payroll summaries):

What software do you use to process payroll? (e.g. ADP, Paychex, Intuit QB, none)

Does your company utilize a PEO (Professional Employer Organization- outsourced HR)? If Yes, please provide the PEO's person of contact's name, email address, and phone number.

Do you offer Healthcare to your employees and incur costs? If Yes, we will need employer dollar amount contribution by individual employee either from your payroll summary reports or as a separate report in Excel format.

Do you offer Retirement Plans (i.e. 401K) to your employees? If Yes, we will need employer dollar amount contribution by individual employee either from your payroll summary reports or as a separate report in Excel format.

Business Demographics

Is your business considered an Essential Business?

Briefly describe your business operations:

Approximate Number of Full-Time Employee Count:

**The term "full-time employee" means an employee who, with respect to any calendar month in 2019, had an average of at least 30 hours of service per week or 130 hours of service in the month (130 hours of service in a month is treated as the monthly equivalent of at least 30 hours of service per week), as determined in accordance with section 4980H of the Internal Revenue Code. An employer that operated its business for the entire 2019 calendar year determines the number of its full-time employees by taking the sum of the number of full-time employees in each calendar month in 2019 and dividing that number by 12.*

in 2019:

in 2020:

in 2021:

Travel Impact *

Did you have to travel out of state to continue business operations in 2020 and/or 2021? If Yes, please explain.

Is there any travel that your business ordinarily would have been done in 2019 but was changed to virtual or did not occur in 2020 and/or 2021? If Yes, please describe the impact to your business operations.

Is there any travel that your business ordinarily would have done in 2020/2021 that did not occur due to governmental restrictions limiting travel/events?

Does your business depend on trade shows to generate new revenue?

Operational Impact*

In what cities and states does your business have operations? Please list the city and state your offices, retail stores, and /or warehouses are located and a quick summary of the type of business conducted at each.

Did your company close any office, retail and/or warehouse locations to comply with governmental orders related to COVID? For example, a “Stay Home, Stay Safe, Stay Healthy” order? If Yes, please describe and list year and quarter(s) impacted.

Did your company close “and/or reduce capacity”? If Yes, please describe and list year and quarter(s) impacted.

Customer Impact*

List any cities and states your clients travel FROM to conduct business with you.

Did any customers close operations or reduce operations as a result of COVID orders? If yes, please describe.

Please describe how customer interactions changed as a result of COVID. (ex: if you are a restaurant and shut down part of your facility and moved to take-out, or a real estate firm that went to virtual tours of properties).

Were any projects or timelines impacted? If Yes, please describe.

Supplier Impact*

Did any suppliers have difficulty getting raw materials or goods to you as a result of COVID? If Yes, please list your suppliers, the city and state where they are located, and list the raw materials/goods impacted.

Did your company source raw materials or goods from China or any other countries impacted by travel restrictions? If Yes, please list the list the raw materials/goods impacted. Note: This can be used as a business sector in the attached worksheet to show revenue amounts impacted.