

## Paycheck Protection Program PPP Loan Forgiveness Application Form 3508S

A BORROWER MAY USE THIS FORM ONLY IF THE BORROWER RECEIVED A PPP LOAN OF \$50,000 OR LESS.

A Borrower that together with its affiliates, received PPP loans totaling \$2 million or greater cannot use this form

OMB Control No. 3245-0407 Expiration date: 10/31/2020

A Borr	ower that, together with its affiliates, received P	PP loans tota	lling \$2 million or greater car	mot use this form.		
	Business Legal Name ("Borrower")		DBA or Trade	ename, if applicable		
Stepher	n L. Nelson, CPA, PLLC					
16210 N	Business Address		Business TIN (EIN, SSN)	Business Phone		
	JE 80th ST, Suite 201		98-7654321 Primary Contact	(425) 881 - 7350 E-mail Address		
Redn	nond WA		Steve Nelson	steve@stephenInelson.com		
SBA P	PP Loan Number: 123456789	Lender 1	PPP Loan Number: 12345	6789		
PPP Lo	pan Amount: 20000	PPP Loa	nn Disbursement Date: $\frac{5/15}{5}$	/2020		
Employ	yees at Time of Loan Application: 3	Employe	ees at Time of Forgiveness Ap	oplication: 3		
EIDL A	Advance Amount:	EIDL A	pplication Number:			
Forgive	eness Amount: 20000					
By Sign	ning Below, You Make the Following Representa	ations and Ce	ertifications on Behalf of the l	Borrower:		
The Au	thorized Representative of the Borrower certifies to	o all of the bel	low by <b>initialing</b> next to each o	one.		
SLN	<ul> <li>was used to pay costs that are eligible for forgiveness (payroll costs to retain employees; business mortgage int payments; business rent or lease payments; or business utility payments);</li> <li>includes payroll costs equal to at least 60% of the forgiveness amount;</li> <li>if a 24-week Covered Period applies, does not exceed 2.5 months' worth of 2019 compensation for any ov employee or self-employed individual/general partner, capped at \$20,833 per individual; and</li> <li>if the Borrower has elected an 8-week Covered Period, does not exceed 8 weeks' worth of 2019 compensatio any owner-employee or self-employed individual/general partner, capped at \$15,385 per individual.</li> </ul>					
SLN						
SLN	requesting forgiveness, and has accurately calculated the forgiveness amount requested.					
SLN	have submitted to the Lender the required documentation verifying payroll costs, the existence of oblig applicable) prior to February 15, 2020, and eligible business mortgage interest payments, business rent obusiness utility payments.					
SLN	The information provided in this application and the information provided in all supporting documents and forms 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 USC 1001 and 3571 by imprisonment of not more than five year and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than thirty year and/or a fine of not more than \$1,000,000.					
SLN	The tax documents I have submitted to the Lender are consistent with those the Borrower has submitted/will submit the IRS and/or state tax or workforce agency. I also understand, acknowledge, and agree that the Lender can share tax information with SBA's authorized representatives, including authorized representatives of the SBA Office Inspector General, for the purpose of ensuring compliance with PPP requirements and all SBA reviews.					
SLN	Borrower's eligibility for the PPP loan and for	edge, and agree that SBA may request additional information for the purposes of evaluating the for the PPP loan and for loan forgiveness, and that the Borrower's failure to provide information result in a determination that the Borrower was ineligible for the PPP loan or a denial of the				
through	rrower's eligibility for loan forgiveness will be evant the date of this application. SBA may direct a lendines that the Borrower was ineligible for the PPP loans.	der to disappr	ove the Borrower's loan forgiv			
<del></del>			11/1/20			
Signatu	are of Authorized Representative of Borrower		Date			

Member

Title

Print Name

Stephen L. Nelson



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## **PPP Borrower Demographic Information Form (Optional)**

## **Instructions**

- 1. **Purpose**. Veteran/gender/race/ethnicity data is collected for program reporting purposes only.
- 2. <u>Description</u>. This form requests information about each of the Borrower's Principals. Add additional sheets if necessary.
- 3. **Definition of Principal**. The term "Principal" means:
  - For a self-employed individual, independent contractor, or a sole proprietor, the self-employed individual, independent contractor, or sole proprietor.
  - For a partnership, all general partners and all limited partners owning 20% or more of the equity of the Borrower, or any partner that is involved in the management of the Borrower's business.
  - For a corporation, all owners of 20% or more of the Borrower, and each officer and director.
  - For a limited liability company, all members owning 20% or more of the Borrower, and each officer and director.
  - Any individual hired by the Borrower to manage the day-to-day operations of the Borrower ("key employee").
  - Any trustor (if the Borrower is owned by a trust).
  - For a nonprofit organization, the officers and directors of the Borrower.
- 4. **Principal Name**. Insert the full name of the Principal.
- 5. <u>Position</u>. Identify the Principal's position; for example, self-employed individual; independent contractor; sole proprietor; general partner; owner; officer; director; member; or key employee.

Principal Name		Position	
Veteran	1=Non-Veteran; 2=Veteran; 3=Service-Disabled	1	
	Disclosed		
Gender M=Male; F=Female; X=Not Disclosed			m
Race (more than 1	e (more than 1 1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native		5
may be selected)	may be selected) Hawaiian or Pacific Islander; 5=White; X=Not Disclosed		
Ethnicity	nicity H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed		

Disclosure is voluntary and will have no bearing on the loan forgiveness decision

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 15 minutes. Comments about this time or the information requested should be sent to Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503. PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.