

**BANKGLOUCESTER
SBA PPP Checklist**

Company Name: _____

Address: _____

Owner' Name: _____

NAICS Code: _____

Nature of Business: _____

Accountant Name: _____

Loan Amount: _____

Did an accountant, attorney or other agent help prepare the documents for this loan request:
_____ Yes _____ NO

If Yes, Name, address, phone number of agent: _____

Documents:

- Application
- Payroll Documents (940 or 941 Year 2019)
- Loan Calculation Form
- Beneficial Owner Form
- Number of Full Time Equivalents: _____
- Date Business Started: _____
- Health Benefits Reimbursement documentation

Certification: I certify that the information provided is true, payroll information is based on confirmed payroll documents and my business was in operation on February 15, 2020:

BY: _____ **Dated:** _____