Paychex ERTC Service Questionnaire

Paychex PEO

Please list any related businesses (include each client number) that are determined to be members of an aggregated employer:

_____

Client ID#: _____ **Business Name/Fed ID:** _____

Client Contact Name: _____ **Email:** _____

To help ensure we're collecting information that will drive toward the most accurate report, please review and answer this questionnaire and provide documentation supporting your responses. All questions need to be completed and documentation provided to move forward with the service.

Questions About Your Business

1A. Was your business fully or partially shut down due to government orders related to COVID-19? ☐ **YES** ☐ **NO**

(Please review **IRS Guidance** to determine if the business was eligible via shutdown as rules apply)

IF YES, fill in the begin and end date that your business was fully or partially shut down due to government orders related to COVID-19:

Start Date: _____ **End Date:** _____ **Start Date:** _____ **End Date:** _____

• Who ordered your business to be shutdown partially/fully. Please select the governing agency.

☐ **Federal Government** ☐ **State Government** ☐ **County Government** ☐ **Local/Town/City Government**

• Please indicate the governing agency name (county name, city name, state name)

_____

Please provide the shutdown/business restrictions government order that you are claiming. Executive orders from the governing agency you are indicating must be provided reflecting the start date of your businesses mandated shutdown. To locate government orders, start with an internet search like the following example: "NY COVID-19 government orders."

• How was your business mandated by government to be closed?

☐ **Full shut down** ☐ **Partial shut down**

• How was your business impacted by the shut down order? Please provide as much detail as possible. Note that simple responses such as "COVID" do not provide enough detail to align to IRS regulations.

_____

Was your business effected by supply chain issues caused by the shutdown of your supplier? ☐ **YES** ☐ **NO**

• If YES, Name all suppliers and FEINs (if possible to obtain) shutdown by government order and provide the shutdown/ business restrictions government order. To locate government orders, start with an internet search like the following example: "NY COVID-19 government orders." Also provide documentation of communications with your vendor explaining full or partial shutdown, product unavailability and timeframe:

_____

_____

• Name specific products your business was not able to receive: _____

• Name the impact to your business for not being able to obtain these products _____

_____

• Effective dates of your vendor shutdown(s):

Start Date: _____ **End Date:** _____ **Start Date:** _____ **End Date:** _____

1B. Did you experience a decline in gross receipts of 50% in 2020 or 20% in 2021 from a comparable quarter in 2019? ☐ YES ☐ NO

IF YES, input your gross receipts for each quarter indicated below as well as the percentage of change for each quarter. ERTC guidelines provide opportunities to qualify for ERTC based on a significant decline of gross receipts. **Documentation supporting your figures will also be needed. Some examples of acceptable items are sales reports, state sales tax reports, a federal income tax return with schedule C, or a statement of profit and loss.**

GROSS RECEIPTS	2019 (Dollar Value)	2020 (Dollar Value)	2021 (Dollar Value)	% CHANGE (2019 to 2020)	% CHANGE (2019 to 2021)
JANUARY - MARCH					
APRIL - JUNE					
JULY - SEPTEMBER					
OCTOBER - DECEMBER					

1C. Do you qualify as a Recovery Startup Business? ☐ YES ☐ NO

(A Recovery Startup Business is any employer that began operations after February 15, 2020, and has an average annual gross receipt amount up to $1,000,000. Please review IRS instruction to determine if you are a Recovery Startup.)

IF YES Please provide at least one of the following if you qualify as a recovery startup business. Documentation is required to support your selection.

- **The first day your business was open to customers/engaged in activities to generate income:** _____
- **The first day wages were paid to an employee:** _____
- **The first day your business had customer receipts:** _____
- **IRS documentation confirming the effective date of the registration is after February 15, 2020:** _____

2. Did you have more than 100 employees in 2019? How many full-time employees did you have in 2019? ☐ YES ☐ NO

(Note: A full-time employee in this case is defined as someone working an average 30 hours per week or 130 hours per month.) _____

3. Is anyone you paid an owner or partial owner? ☐ YES ☐ NO

IF YES, Provide the owner/partial owner names that were paid through the PEO service.

_____

4. Are any employee(s) also your family members or family members of other full/partial owners? ☐ YES ☐ NO

IF YES, Provide the family member names that were paid through the PEO service:

_____

Questions About Your PPP Loan

5. Do you have a PPP loan in 2020? ☐ YES ☐ NO

IF YES:

a. Fill in the begin and end dates to coverage: **Start Date:** _____ **End Date:** _____

b. What was the amount of your 2020 PPP Loan? **$** _____

c. Did you receive full forgiveness for your PPP Loan? ☐ YES ☐ NO

d. What was the amount of your excess wages not used toward PPP? **$** _____

(If you answered yes to question C and report "0" in excess wages, please provide a copy of your Forgiveness Application Form [3508].)

6. Do you have a PPP loan in 2021? ☐ YES ☐ NO

IF YES:

a. Fill in the begin and end dates to coverage: **Start Date:** _____ **End Date:** _____

b. What was the amount of your 2021 PPP Loan? **$** _____

c. Did you receive full forgiveness for your PPP Loan? ☐ **YES** ☐ **NO**

d. What was the amount of your excess wages not used toward PPP? **$** _____

(If you answered yes to question C and report "0" in excess wages, please provide a copy of your Forgiveness Application Form [3508].)

Questions About Grants and Loans

If you answer YES to any of the following questions, you must update Appendix 1 (p3) to ensure that funds are applied properly for each impacted employee.

7. If your loan was less than $150,000, did you qualify to use the 3508S? ☐ YES ☐ NO

8. Do you have any workers that are not eligible for PPP forgiveness that were excluded from your PPP forgiveness considerations, but can be used for ERTC? For example, these are employees that have a principal address outside of the U.S. can be used for ERTC. ☐ YES ☐ NO

IF YES, list employees: _____

9. Do you have any employees who had Work Opportunity Credits (WOTC) granted? ☐ YES ☐ NO

10. Did you pay wages for Paid Family Leave Credit (separate from Families First Coronavirus Response Act)? Note: This would not be reported in payroll ☐ YES ☐ NO

11. Did your company claim a Research and Development (R&D) credit as reported on Form 8974? ☐ YES ☐ NO

12. Does your business pay all or a portion of the qualified health insurance plan expenses for your employees? (Please report health expenses not documented via payroll but paid by the business on page 3 in Appendix 1. Example: A. Employee health care expenses are recorded in deductions via payroll, only report the employer paid portion in Appendix 1. B. No health care expenses are reported via payroll, report the employee and employer portion paid by the company in Appendix 1. Please provide documentation if your health insurance is not through Paychex Insurance Agency. ☐ YES ☐ NO

If you answer YES to any of the following questions, you must update Appendix 2 (p4) to ensure that funds are applied properly for each impacted employee.

13. Did you receive a Federal grant? For example, Shuttered Venue Operators Grant, Restaurant Revitalization Fund, Coronavirus Economic Relief for Transportation Services, etc.? ☐ YES ☐ NO

14. Please list any related businesses (include each client number) that are determined to be members of an aggregated employer

All entities that are members of a controlled group of corporations/trades/businesses under common control under IRS sections 52(a or b), 414m or 414o are treated as a single employer for purposes of applying for the employee retention tax credit. Paychex is unable to make this determination as it depends on how the company files their corporate tax returns. Please reference the IRS Link Page 21, Section B, Aggregation Rules for additional information on aggregates (pages 21-24 provide IRS question/answer and FAQ 21 Page 42).

Client Numbers: _____

Appendix 1

WOTC, Paid Family Leave Credit, (R&D) credit as reported on Form 8974, qualified health plan expenses

Grant, Credit Name Or Qualified Health Plan	Quarter	Employee(s)	Total Wages Funds Were Used On

Appendix 2

Federal Grants and Credits

Federal Grant or Credit Name	Check Date	Employee(s)	Total Wages Funds Were Used On