

COVID-19 Small Business Loan Option: PAYCHECK PROTECTION PROGRAM

Paycheck Protection Program (PPP) CHECKLIST

□ Completed Paycheck Protection Program Application Form
☐ All boxes are checked
☐ Separate sheet is attached for additional owners with 20% ownership
☐ Addendum A is included, listing all Affiliates (Question 3- if needed)
☐ Addendum B is included for details on receipt of any SBA Economic Assistance
☐ Questions 5-7 are initialed
☐ All Certifications are initialed by ALL OWNERS of 20% or more
☐ Application has been signed and initialed by ALL OWNERS of 20% or more
☐ Completed and Signed Certification of Beneficial Owners Form (example included)
☐ Entity Information Included (See Entity Checklist form for documentation required)
☐ If your business operates under an assumed name, please provide a copy of your Fictitious Business Name Certificate or Assumed Name Certificate
☐ Copies of Driver's License for all owners with 20% ownership

☐ Supporting Documentation for Payroll Expenses:
☐ Copies of payroll tax reports filed with the IRS (including Forms 941, 940, state income and unemployment tax filing reports) for the entire year of 2019 and first quarter of 2020 (if available) should be presented.
☐ Copies of payroll reports for each pay period for the preceding 12 months. Such reports should include gross wages including PTO (which might include vacation, sick, and other PTO). This includes payroll reports through the pay period preceding the origination of the SBA loan.
☐ Documentation reflecting the health insurance premiums paid by the company under a group health plan including; owners of the company for the immediately preceding 12 months prior to the date of the SBA loan origination. Copies of the monthly invoices with a total of all 12 months should be sufficient.
□ Documentation of all retirement plan funding by the employer for the preceding 12 months. Copies of workpapers, schedules and remittances to the retirement plan administrator with a total of all 12 months should be sufficient.
☐ What date did you start conducting business?
☐ What is your NAICS code?
☐ If funds are to be placed into Legence Bank Checking Account, please provide your
account number
☐ If funds need to be wired to another financial institution, please provide wiring instructions.
Account Name
Account Number
Bank Name
Bank Routing Number

Contact Information for all Principals:
Name:
Email Address:
Cell Phone Number:
Name:
Email Address:
Cell Phone Number:
Name:
Email Address:
Cell Phone Number:
Name:
Email Address:
Cell Phone Number:

Submit Application and Documentation:

- To your current lending officers direct email
- Or via the mail at -- Legence Bank, Attn: Paycheck Protection Program, PO Box 569, Eldorado, IL 62930







