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Form: Corporation
Recalculation Request

01/25/2021

Corporation

Date:

Business Name		Tax Id #	
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** Business Name should match original PPP Loan **

<u>Personal Information *Click to enter info*</u>		<u>Address</u>	
Last Name		<u>Street</u>	
First Name		<u>City</u>	
Phone		<u>State</u>	
Email		<u>Zip</u>	

Loan information

Wage & Expense information	Description	Values
Gross Wages	2019 IRS Form 941 - Taxible Medicare Wages & Tips (Line 5c - column 1) from each quarter	
2019 Excess Wages	Enter any amounts paid to any individual employees in excess of \$100,000 and included in Gross Wages.	
2019 Other Labor Expense	Include employer paid amounts for health, life, disability, vision and dental insurance and employee retirement contributions.	
2019 Employer State and Local Taxes	State and Local Taxes assessed on employee compensation, primarily state unemployment insurance tax - from state quarterly wage reporting forms.	

Eligible 1 st Draw Loan Amount	
Initial Loan Amount Received	
Requested Increase	

Required documentation:

- *2019 IRS Form 1065 (Including K-1s)
- *2019 Form 941 [If employees]
- *State & Quarterly Wage Reporting forms
 - * If not previously provided

NOTE: **If you intend to apply for a Second Draw loan based on a 25% reduction in receipts, SBA rules require that you use the proceeds of your First Draw loan and any increased First Draw amount prior to applying for a Second Draw.**

Requests are subject to review and not guaranteed

or email to: firstdrawrecalculation@fcsamerica.com

For questions please call 877-966-7778, option 2