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Form: Schedule F
Recalculation Request
01/25/2021

Self Employed with Schedule F

Date:

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

<u>Personal Information *Click to enter info*</u>	
Last Name	
First Name	
Phone	
Email	

<u>Address</u>	
<u>Street</u>	
<u>City</u>	
<u>State</u>	
<u>Zip</u>	

Loan information

Wage & Expense information	Description	Values
2019 Gross Farm Income	Enter amount from 2019 Schedule F - Line 9 up to a maximum of \$100,000	
2019 Wages Paid	Enter amount from 2019 Schedule F - Line 22	
2019 Excess Wages	Sum of any amounts paid to any individual in excess of \$100,000 and included above**	
2019 Other Labor Expense	Include employer paid amounts for health, life, disability, vision and dental insurance and employee retirement contributions.	

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

- Required documentation:
- *2019 Schedule F
 - *2019 Form 943 [If employees]
 - * 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