

March 1 to March 30 DSO Report

Name of Business: _____ Tax ID#: _____

Owner Name: _____

Address: _____

City, State, Zip: _____

Is your business open or closed? _____ If closed, what date did you close? _____

If open, are you fully open or limited in operation? _____

If limited, explain: _____

If you have been forced to lay people off due to COVID-19, How many full time? _____ Part time? _____

SHOULD YOU QUALIFY AND RECEIVE A LOAN/GRANT FROM FEMA, THE FOLLOWING ITEMS ARE SUBJECT TO A FINANCIAL AUDIT BY THE FEDERAL GOVERNMENT ie, YOU MAY HAVE TO PROVE YOUR ANSWERS.

ALL ANSWERS ARE IN WHOLE DOLLARS ONLY

1. What was the monthly average gross income of your business for the past 12 months? _____

2. What was the income for the month of March? _____

3. Subtract #2 from #1 above \$ _____

If your business is closed, answer #4 - #8. If your business is open, skip to #9. If self-employed in the agriculture industry, skip to #12.

4. Including yourself if you normally draw a salary, in whole dollars, what wages have been paid since the day you closed? _____

5. What essential business expenses have you paid since the day you closed? Utilities, insurance, rent, other operations that you had to pay to maintain your business? \$ _____

6. Has your business sustained any losses due to closing **other than normal revenue**, such as spoilage of food, expiration of stock, etc? \$ _____

7. List and describe other expense you have incurred as a result of being closed: _____
\$ _____

If your business is **CLOSED**, stop here add line #3 and all **RED** fields together \$ _____

8. If your business is open, do you have any routine operational expenses (NON-Payroll) that are higher than normal as a result of the COVID-19 pandemic. (additional custodial expenses, additional sanitizing expenses, gloves, gowns, special cleaning supplies, etc)? _____

9. If your business is open, have you incurred any additional, above normal Payroll expenses due to COVID-19? What were they? _____
\$ _____

10. Any other expense that you have incurred directly as the result of the COVID-19 not listed above _____

_____ \$ _____

11. List any changes in payroll that have been an additional cost to the business as a result of the COVID-19 pandemic?

\$ _____ (include Forms 940/941/TWC)

If your business is **OPEN** stop here add line #3 and all **GREEN** fields together \$ _____

12. List any expenses incurred due to the COVID-19 pandemic, that you would not have incurred otherwise. If you have chosen not to begin farming operations based on this pandemic, you may not qualify at all. _____

_____ \$ _____

13. We realize farmers are not paid monthly, but if you feel you have at this point in time lost any personal or business income due to the COVID-19 virus, please list that amount and the reason you feel you have lost money.

\$ _____

Agriculture Businesses, add #12 and #13 \$ _____