

Client Letter of Certification

ERTCFunding LLC  
1815 Lakewood Rd  
Toms River, NJ 08755

Please be aware that if there are multiple entities – a separate sheet must be filled out for each entity  
To ERTCFunding LLC (“Consultant”):

I, \_\_\_\_\_, a duly authorized officer of \_\_\_\_\_ (“Client”), am writing to you to certify the accuracy of any and all of the documents and information that Client has provided or will provide to Consultant, without limitation, in relation to the certain ERTC Consulting Services Agreement executed between Client and Consultant on \_\_\_\_\_ and the services thereunder. Notwithstanding the foregoing, and without limiting the certification provided herein, by signing below I hereby specifically represent and certify that all the following data and documentation is valid, accurate, and complete.

1. State Client’s business structure:

- LLC                       S-Corp                       C-Corp                       Sole Proprietor

2. State whether Client began operations after February 15, 2020:

- YES                       NO

2. State whether Clients FTE (full time employee) count across all aggregated entities exceeded 100 or 500 respectively at any point in 2019.

- 100                       500                       neither

3. Describe Client’s business operations and the services it provides.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. State each owner or shareholder of Client and their respective percentage interests in client.

- a.                       \_\_\_\_\_ %  
                          \_\_\_\_\_ %  
                          \_\_\_\_\_ %  
                          \_\_\_\_\_ %  
                          \_\_\_\_\_ %

b. State whether there is any family relationship between any owners of client.

Name	Relationship to Owner
_____	_____
_____	_____
_____	_____
_____	_____

5. State whether Client has received any pandemic-related assistance, tax credits, loans or grants since January 1, 2019 from any federal, state or local government or quasigovernmental agency. Clearly state the nature, dates and amounts of all such assistance. Please include any PPP loan received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. State whether Client utilized the Covid-related paid sick leave and family leave provided for in the CARES Act to pay employees during 2020 or 2021, and the dollar amount of such paid leave.

2020

Q1: \_\_\_\_\_ Q2: \_\_\_\_\_ Q3: \_\_\_\_\_ Q4: \_\_\_\_\_

2021

Q1: \_\_\_\_\_ Q2: \_\_\_\_\_ Q3: \_\_\_\_\_ Q4: \_\_\_\_\_

B. Please advise if these amounts were incorporated under Gross Wages in the Payroll Register provided.

YES

NO

7. List any employee(s) for which Client intends to claim ERTC benefits who, during any relevant quarter of 2020 or 2021, has/have been employed by any other aggregated entity of Client.

Employee Name

Entity Name

_____	_____
_____	_____
_____	_____

8. Please state whether any owners' relatives or second hand relatives (relatives of relatives) are on W2 Payroll.

a) What is a relative (include half blood and legally adopted relations as well)?

*Parent or ancestor of parent*

*Stepparent*

*Sibling  
Niece or Nephew  
Son-in-Law  
Brother-in-Law  
Child or Descendant of Child  
Mother-in-law*

*Stepsibling  
Aunt or Uncle  
Daughter-in-Law  
Sister-in-Law  
Stepchild  
Father-in-law*

Yes

No

b) Please state if any owners are on W2 payroll?

Yes

No

9. State whether Client uses accrual or cash basis accounting for tax-filing purposes.

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10. State whether the Profit & Loss Statement provided or to be provided by Client has been prepared in accordance with accrual or cash basis accounting.

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11. State any miscellaneous income that is not accounted for on the Profit & Loss Statement provided or to be provided by Client.

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On behalf of Client, which I have been duly authorized to represent in this matter, I hereby do certify, represent and guarantee, under penalty of perjury, that all of the above information is true, accurate, valid and complete as of the date hereof. I further certify and represent that I am unaware of any fact or circumstance that would preclude Client from receiving ERTC benefits under any legislation, regulation, or court decision. In the event that any data reported herein changes materially subsequent to the date hereof, Client agrees to immediately notify Consultant of such change(s). Client expressly acknowledges that Client alone is and shall be responsible for verifying the accuracy of any data contained herein or on any Form 941 or 941-X submitted by or on behalf of Client.

By: \_\_\_\_\_  
Title: \_\_\_\_\_

Client Signature: \_\_\_\_\_  
Date: \_\_\_\_\_