



Mandate Intake Form

Please answer the questions below to the best of your ability so that we can properly assess whether you suffered from a qualifying government restriction:

Please be aware that if there are multiple entities/locations - *a separate sheet* must be filled out for each entity/location.

Legal Business Name:		
Corporate Business Address:		
City:	State:	Zip:
Addresses of all physical locations/storefronts where business operations take place (if different from Corporate Address):		

1. Please state which entity/address is being considered for this form

2. Describe business activities (both services and back-office work):

3. Industry:

a) What products/ services do you provide:

b) How do you deliver those products/ services to your clients?



4. Describe business activities (teleservices or telework) performed remotely (both prior to government orders and changes made due to government orders)

5. Please identify all government restrictions that directly affected your business. (i.e. capacity restrictions, social distancing)

See link for further clarification on what constitutes a qualified Governmental Order:

[How to Determine a Qualifying Order](#)

Order 1: _____

Order 2: _____

Order 3: _____

Order 4: _____

Order 5: _____

Order 6: _____

Order 7: _____

Order 8: _____

6. Please provide a reference to substantiate each applicable government order (via a link or other source)

[Click here for an example of a qualifying governmental order:](#)

[Click here for a partial list of Executive Orders across the United States](#)

Order 1: _____

Order 2: _____

Order 3: _____

Order 4: _____

Order 5: _____

Order 6: _____

Order 7: _____

Order 8: _____



7. Please identify HOW said restriction affected your business.

Order 1: _____
 Order 2: _____
 Order 3: _____
 Order 4: _____
 Order 5: _____
 Order 6: _____
 Order 7: _____
 Order 8: _____

8. Please identify and describe what percentage of your operations were affected.

- a) Employee percentage affect (i.e. employees were unable to work either due to capacity restrictions OR the job they were doing ceased being operational due to a GOVERNMENT restriction).
- b) Revenue affect (i.e. the amount of people you originally would accommodate vs. the amount of people you can accommodate now OR the amount of revenue compared to your overall operations that ceased to be operational due to a government restriction). For further clarity see section one in the below sheet.

See link for further clarification on how the IRS determines if a business was affected:

[How to Determine a Qualifying Effect](#)

Order #:	Percentage of gross receipts affected:	Percentage of hourly employees affected:
Order 1	_____	_____
Order 2	_____	_____
Order 3	_____	_____
Order 4	_____	_____
Order 5	_____	_____
Order 6	_____	_____
Order 7	_____	_____
Order 8	_____	_____

9. Please list applicable dates (if known) as accurately as possible:

Order #:	Start Date:	End Date:
Order 1	_____	_____
Order 2	_____	_____
Order 3	_____	_____
Order 4	_____	_____
Order 5	_____	_____
Order 6	_____	_____
Order 7	_____	_____
Order 8	_____	_____



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, correct, 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-X submitted by or on behalf of Client.

A large, light blue watermark of the ERTC FUNDING logo is centered on the page, behind the signature lines. It includes the bar chart icon and the text "ERTC FUNDING" in a large, semi-transparent font.

By: _____ Client Signature: _____

Title: _____ Date: _____