



Client Letter of Certification

ERTCFunding LLC
1815 Lakewood Rd
TomsRiver, NJ08755

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:

Form with checkboxes for LLC, S-Corp, C-Corp, and Sole Proprietor.

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

Form with checkboxes for Yes and No.

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

a.

Form with checkboxes for 100, 500, and neither.

b. If Client started business operations post 1/1/2019 then please state the exact date Client started operations. Otherwise please fill N/A.

4. Describe Client's business operations and the services it provides.

Blank lines for describing business operations.

5. State each owner or shareholder of Client and their respective percentage interests in client, as well as their wages/distributions in 2019 and 2020. For a Sole Proprietor please list the net income of the business.

Table with columns for owner name, percentage, wages in 2019, and wages in 2020.

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

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

6. State whether Client has received any payroll 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.

7. 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

8. 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:

9. 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
Sibling
Niece or Nephew
Son-in-Law
Brother-in-Law
Child or Descendant of Child
Mother-in-law*

*Stepparent
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

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

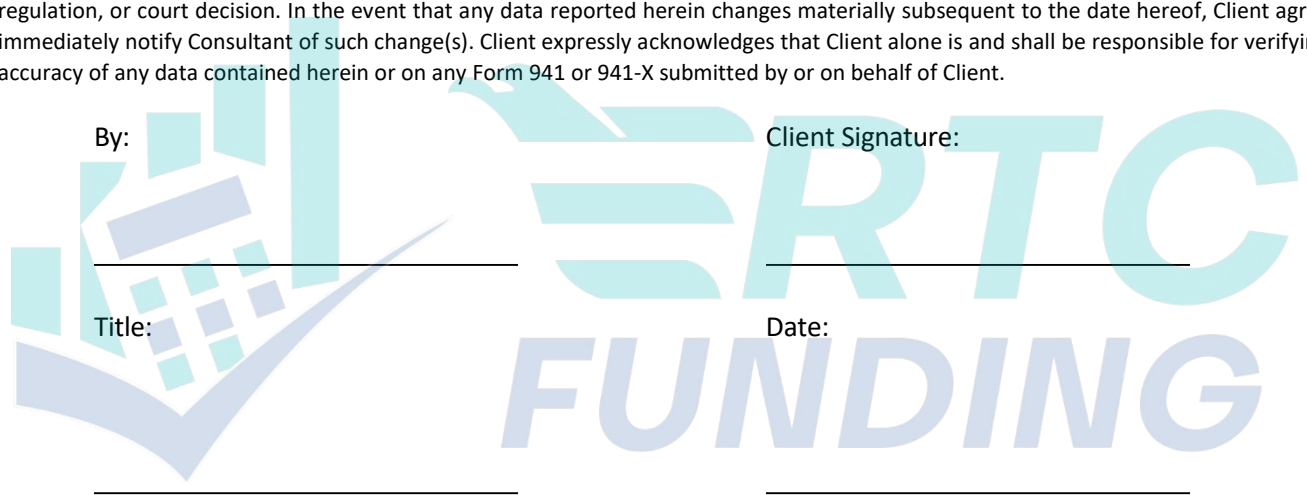
11. State whether the Profit & Loss Statement provided or to be provided by Client has been prepared in accordance with accrual or cash basis accounting.

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

13. If Client offers a health plan please check off the applicable boxes. For the Employee please only include pretax deductions.

	Employee pretax deduction	Employer contribution
Medical Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Health Flexible Spending Arrangement (Health FSA)	<input type="checkbox"/>	<input type="checkbox"/>
Health Reimbursement Account (HRA)	<input type="checkbox"/>	<input type="checkbox"/>
Post Tax EE Deductions	<input type="checkbox"/>	<input type="checkbox"/>
Health Savings Account (HSA)	<input type="checkbox"/>	<input type="checkbox"/>
Archer Medical Savings Account (Archer MSA)	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)	<input type="checkbox"/>	<input type="checkbox"/>
Taxes Imposed By A Government Unit Such As Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Benefits	<input type="checkbox"/>	<input type="checkbox"/>

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:

Client Signature:

Title:

Date: