

### EXHIBIT #1

## **IRS FORM 941**

(Employer Quarterly Federal Tax Return) Wage/Salary Cost

(Rev. Ja Emplo Name	941 for 2019:       Employer's QUARTERLY Federal Tax Return       950117         January 2019)       Department of the Treasury – Internal Revenue Service       OMB No. 1545-0029         Nover identification number (EIN)       –       –       –         me (not your trade name)       –       –       –         de name (if any)       –       –       –       –	Find and select reports for each quarter in the 2019 calendar year here. You will need to report data for each of the four quarters listed (quarter by
Addre	Image: street       Suite or room number         Go to www.irs.gov/Form941 for instructions and the latest information.	quarter).
Read t Part 1	City       State       ZIP code         Foreign country name       Foreign province/county       Foreign postal code         the separate instructions before you complete Form 941. Type or print within the boxes.       Answer these questions for this quarter.	Find the number of employees for the specific time period identified above.
1 2	Number of employees who received wages, tips, or other compensation for the pay period         including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)         Wages, tips, and other compensation	
3 4	Federal income tax withheld from wages, tips, and other compensation	Find compensation for the specific time period
	Column 1 Column 2	identified above.
5a	Taxable social security wages × 0.124 = .	-dentined above.
5b	Taxable social security tips	
5c	Taxable Medicare wages & tips	
5d	Taxable wages & tips subject to	



### EXHIBIT #2

## **IRS FORM 943**

(Employer Annual Federal Tax Return — Alternative Documentation) Wage/Salary Cost

Form <b>943</b>	Employer's Annual Federal Tax Return	for Agricultural Employees		Please be sure to use		
Department of the Treasur Internal Revenue Service	Go to www.irs.gov/Form943 for instruction	s and the latest information.	2019 🔶	data from the 2019 IRS Form 943.		
Type or	Name (as distinguished from trade name) Trade name, if any	Employer identification number (EIN)	If address is			
Print	Address (number and street) City or town, state or province, country, and ZIP or foreign postal co	do	different from prior return, check here. ►			
	If you don't have to file returns in the future, check here			Please note alternative documentation is required		
1 Number of a	gricultural employees employed in the pay period that in	<b>└──</b>	for this line item.			
<ul><li>3 Social secur</li><li>4 Total wages</li></ul>	subject to social security tax	4		SEE NOTE BELOW		
<ul> <li>6 Total wages</li> <li>7 Additional M</li> <li>8 Federal inco</li> <li>9 Total taxes b</li> </ul>	subject to Additional Medicare Tax withholding edicare Tax withholding (multiply line 6 by 0.9% (0.009)) me tax withheld		Find Total Compensation (wages, etc.) paid on this line.			
<ol> <li>Total taxes a</li> <li>Qualified sm</li> <li>Total taxes a</li> </ol>	's adjustments (fter adjustments (line 9 as adjusted by line 10) all business payroll tax credit for increasing research ac (fter adjustments and credits. Subtract line 12 from line ts for 2019, including overpayment applied from a prior	tivities. Attach Form 8974		DUE TO ANNUAL NATURE OF THIS DOCUMENTATION, SEE NOTE BELOW		
15 Balance due	<b>a.</b> If line 13 is more than line 14, enter the difference and <b>t</b> . If line 14 is more than line 13, enter the difference $\triangleright$ \$		turn. Send a refund.			

#### NOTE

You will also need to provide separate documentation (e.g. internal Q1 payroll report covering 1/1/2020 through 2/15/2020) to support confirmation of a recent total employee number.



#### EXHIBIT #3

### **PAYROLL SERVICE** (e.g. ADP, etc.)

## PROVIDED PPP REPORT

Alternative Documentation

This only includes Gross Pay in excess of \$100K, and not the full employee's pay. Use the employee's full Gross Pay amount in section B. Do not use this amount if completing Section B.

12 Month Per Month G Mar-2019			<b>BA Gross Pay</b> \$ 1,440,000.00 \$ 1,210,000.00	Employer Taxes State and Local \$ 12,000.00 \$ 10,000.00	Employer Benefit Cost * \$ 120,000.00 \$ 140,000.00	<b>SBA Payroll Cost</b> \$ 1,572,000.00 \$ 1,360,000.00
Jun-2019 Jul-2019 Aug-2019 Sep-2019 Oct-2019 Dec-2019 Dec-2019 Jan-2020 Feb-2020	\$ 1,000,000.00 \$ 1,250,000.00 \$ 1,200,000.00 \$ 1,500,000.00 \$ 1,200,000.00 \$ 1,200,000.00 \$ 1,700,000.00 \$ 1,500,000.00 \$ 1,500,000.00	\$ 100,000.00 \$ 120,000.00 \$ 150,000.00 \$ 200,000.00 \$ 300,000.00 \$ 300,000.00 \$ 600,000.00	\$ 930,000.00 \$ 1,150,000.00 \$ 1,080,000.00 \$ 1,350,000.00 \$ 1,600,000.00 \$ 1,400,000.00 \$ 1,200,000.00 \$ 1,200,000.00 \$ 1,150,000.00 \$ 1,1000,000.00	\$ 9,000.00 \$ 10,000.00 \$ 8,500.00 \$ 5,550.00 \$ 8,000.00 \$ 4,500.00 \$ 3,800.00 \$ 4,500.00 \$ 10,000.00	\$ 130,000.00 \$ 140,000.00 \$ 130,000.00 \$ 120,000.00 \$ 120,000.00 \$ 140,000.00 \$ 130,000.00 \$ 140,000.00 \$ 140,000.00 \$ 140,000.00 \$ 140,000.00	\$ 1,300,000.00 \$ 1,218,500.00 \$ 1,487,000.00 \$ 1,175,500.00 \$ 1,728,000.00 \$ 1,544,500.00 \$ 1,333,800.00 \$ 1,294,500.00
Grand Totals Total Average	\$ 17,150,000.00	\$ 2,590,000.00	\$ 14,560,000.00	\$ 92,800.00	\$ 1,590,000.00 Multiplied by 2.5	\$ 16,242,800.00 \$ 1,353,566.67 <b>\$ 3,383,916.67</b>
r/Wages/ ns paid nonth perio his Gross r, complet	od.	Eligible Wages/Salary and Commission during 12-month period after deducting pay in excess of \$100K. If utilizing thi Gross Pay Number, do NOT complete Section	Sta s Loc is Pai	al Total ployer Benefits te and Cost du cal Taxes 12-mont d during period. month riod.	ring are em th outsid is a SE	ted SBA-PPA Lo nt may differ if f nployees residin e the U.S., or if A EIDL that will need with PPP lo eds

#### NOTE

Similar to the example provided above, many third-party payroll service providers (e.g. ADP, etc.) have developed specific summary reports for the PPP program that identify the various payroll costs required in the PPP loan calculation process and to support the documentation required to process a PPP application.

Total Sa Commi

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EXHIBIT #4

## QUICKBOOKS (QB) QUARTERLY PAYROLL SUMMARY REPORT

Alternative Confirmation

12/15/18 — — — — — — — — — — — — — — — — — — —	• Hours • Rate • Oct Orc 15, 18 •			Octobe	Payroll Sun ar 1 through Dece abeth N. Mason Rate • Oo		report is set to match the specific Quarter of 2019 you intend to document. Please repeat and provide		
Salary			▶ 11,173.05 ◀			0.00			
Overtime Rate			0.00		22.13	110.65	summary reports for each		
Regular Pay			0.00	560	14.75	8,260.00	auguston of 2010		
Sick Hourly			0.00		14.75	0.00	quarter of 2019.		
Vacation Hourly			0.00		14.75	0.00			
Total Gross Pay			11,173.05	565		0.370.65			
Adjusted Gross Pay			11,173.05	565		8.370.65	Individual employees will		
* Taxes Withheld							be listed, each with their		
Advance Earned Income Credit			0.00			0.00			
Federal Withholding			-776.00			-925.00	own column. To calculate		
Medicare Employee			-162.01			-121.38			
Social Security Employee			-692.72			-518.98	the number of employees		
CA - Withholding			-124.83			-213.45	for all a succession of succession		
CA - Disability Employee			-94.17			-70.92	for the quarter, simply		
Total Taxes Withheld			-1,849.73			-1,849.73	add up the number of		
* Deductions from Net Pay							and the second		
Health Insurance			-125.00			-125.00	employee columns with		
Total Deductions from Net Pay			-125.00	_		.125.00	in a static a stitute as a second		
							positive adjusted gross		
Net Pay			9,198.32	565		6,395.92	pay for the period.		
* Employer Taxes and Contributions							pay for the period.		
Federal Unemployment			0.00			0.00	IF NOT QUARTERLY, SEE NOTE		
Medicare Company			162.01			121.38			
Social Security Company			692.72			518.98	BELOW		
CA - Unemployment Company			0.00			0.00			
Workers Compensation CA - Employee Training Tax			1,862.77			0.00			
CA - Employee Training Tax Total Employer Taxes and Contributio			2,717.50			1,496.19			
comparison and contraction						1,000.00	For total compensation		
							for the neried add up		
							for the period, add up		

NOTE

You will also need to provide separate documentation (e.g. internal Q1 payroll report covering 1/1/2020 through 2/15/2020) to

support confirmation of a recent total employee number.

BELOW

the Adjusted Gross Pay amount from each employee column. *IF NOT QUARTERLY, SEE NOTE* 

Please verify that the



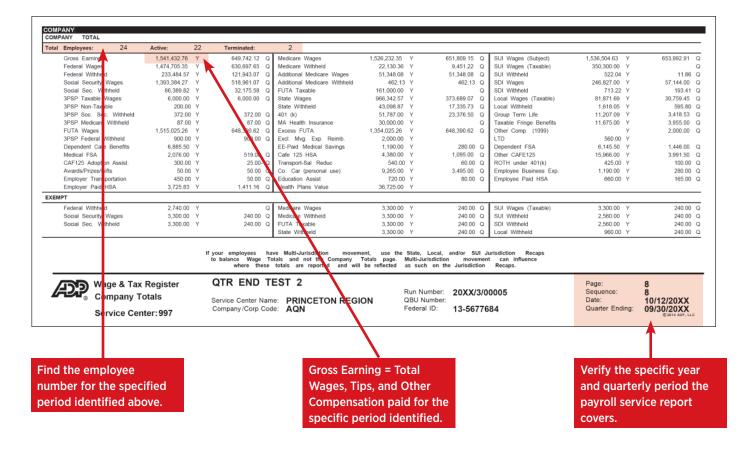
#### EXHIBIT #5

## **PAYROLL SERVICE**

(e.g. ADP, etc.)

## **QUARTER-END REPORT EXAMPLE**

Alternative Documentation (Wage/Salary Cost)



#### NOTE

You will also need to provide separate documentation (e.g. internal Q1 payroll report covering 1/1/2020 through 2/15/2020) to support confirmation of a recent total employee number.



### EXHIBIT #6

# **OTHER PAYROLL COST EXAMPLE**

(e.g. allowable benefits, employer paid state/local taxes, retirement, etc.)

### **ADP Example:**

1,541,432.76 Y 1,474,705.35 Y 233,484.57 Y 1,393,384.27 Y 86,389.82 Y	630,697.65 Q 121,943.07 Q	Medicare Wages Medicare Withheld Additional Medicare Wages	1,526,232.35 22,130.36		351,809.15 Q	SUI Wages (Subject)	1,536,504.63 Y	653,992.91
233,484.57 Y 1,393,384.27 Y 86,389.82 Y	121,943.07 Q		22,130.36	~				
1,393,384.27 Y 86,389.82 Y		Additional Medicare Wages			9,451.22 Q	SUI Wages (Taxable)	350,300.00 Y	
86,389.82 Y	/ 518 061 07 O	Auditional medicale mages	51,348.08	Y	51,348.08 Q	SUI Withheld	522.04 Y	11.86
		Additional Medicare Withheld	462.13		462.13 Q	SDI Wages	246,827.00 Y	57,144.00
		FUTA Taxable	161,000.00		Q	SDI Withheld	713.22 Y	193.41
6,000.00 Y		State Wages	966,342.57		373,689.07 Q	Local Wages (Taxable)	81,871.69 Y	30,759.45
200.00 Y		State Withheld	43,098.87		17,335.73 Q	Local Withheld	1,618.05 Y	595.80
372.00 Y		401 (k)	51,787.00		23,376.50 Q	Group Term Life	11,207.09 Y	3,418.53
87.00 Y		MA Health Insurance	30,000.00		Q	Taxable Fringe Benefits	11,675.00 Y	3,955.00
					348,390.62 Q			2,000.00
						LTD		
								1,446.00
								3,991.50
								100.00
								280.00
					80.00 Q	Employee Paid HSA	660.00 Y	165.00
3,725.83 Y	/ 1,411.16 Q	Health Plans Value	36,725.00	Y				
2,740.00 Y	( Q	Medicare Wages	3,300.00	Y	240.00 Q	SUI Wages (Taxable)	3,300.00 Y	240.00
3,300.00 Y	240.00 Q	Medicare Withheld	3,300.00	Y	240.00 Q	SUI Withheld	2,560.00 Y	240.00
3,300.00 Y	7 240.00 Q	FUTA Taxable	3,300.00	Y	240.00 Q	SDI Withheld	2,560.00 Y	240.00
Wage & Tax Register Company Totals Service Center: 997			ION (	QBU Number:			Page: Sequence: Date:	8 8 10/12/20XX
		de: AQN	F	ederal ID:	Quarter Ending:	09/30/20XX © 2014 ADP, LLC		
	but other	payroll costs ca	n vary.					
	1,515,025,26 900,00 6,885,50 2,076,00 3,000 4,50,00 2,740,00 3,300,00 3,300,00 9 egister als	1,515,025,26 Y 648,300,62 0 900,00 Y 900,00 Q 6,885,50 Y 2,076,00 Y 519,00 Q 300,00 Y 550,00 Q 450,00 Y 550,00 Q 3,725,83 Y 1,411,16 Q 2,740,00 Y 240,00 Q 3,300,00 Y 240,00 Q 3,300,00 Y 240,00 Q 1,411,16 Q 2,740,00 Y 240,00 Q 3,300,00 Y 240,00 Q 1,411,16 Q 2,740,00 Y 240,00 Q 3,300,00 Y 240,00 Q 1,411,16 Q 2,740,00 Y 240,00 Q 3,300,00 Y 240,00 Q 3,300,00 Y 240,00 Q 1,411,16 Q 2,740,00 Y 240,00 Q 3,300,00 Y 240,00 Q 3,300,00 Y 240,00 Q 1,411,16 Q 2,740,00 Y 240,00 Q 3,300,00 Y 240,00 Q 3,300,00 Y 240,00 Q 1,411,16 Q 3,300,00 Y 240,00 Q 3,300,00 Y 240,00 Q 1,411,16 Q 3,300,00 Y 240,00 Q 1,411,16 Q 3,300,00 Y 240,00 Q 1,411,16 Q 3,300,00 Y 240,00 Q 1,411,16 Q 4,50 Q	1,515,025,28 Y 648,300,62 0 9,00,00 Y 9,000 0 2,076,00 Y 519,00 0 3,00,00 Y 500 0 3,00,00 Y 500 0 3,725,83 Y 1,411,16 0 2,740,00 Y 0 3,300,00 Y 240,00 0 3,300,00 Y 240,00 0 1,411,16 0 Medicare Withheld 1,411,16 0 1,411,16	1,515,025,26       Y       648,300,62       Column Sees FUTA       1,354,025,28         900,00       Y       900,00       Cale       Excel: Mug. Exp. Reimb.       2,000,00         0,685,55       Y       Energian       1,354,025,28       Excl: Mug. Exp. Reimb.       2,000,00         300,00       Y       510,00       Cale       Er-Paid Medical Savings       1,190,00         300,00       Y       50,00       Y       50,00       Q       Cale       9285,00         450,00       Y       50,00       Q       Cale       720,00       Q       2,740,00       Y       720,00         3,300,00       Y       240,00       Q       Medicare Wages       3,300,00       720,00         3,300,00       Y       240,00       Q       Medicare Wages       3,300,00         3,300,00       Y       240,00       Q       Medicare Withheld       3,300,00         1f your employees       have Multi-Jurisdiction       mowement, use the       teges       3,300,00         ris of the these constant flag       Gare Personal use       Medicare Withheld       3,300,00         ris of the these constant flag       Gare Personal use       Testes the Withheld       3,300,00         ris o	1,515,025,28       Y       648,300,62       C       Excess FUTA       1,354,025,28       Y       6         9,00,00       Y       900,00       C       Excl. Mvg. Exp. Reimb.       2,000,00       Y       Excl. Mvg. Exp. Reimb.       2,000,00       Y       Excl. Mvg. Exp. Reimb.       2,000,00       Y       Exp. Additional Savings       1,190,00       Y       Cafe 125 H8A       4,380,00       Y       Tamsport-Sale Reduc       540,00       Y       Cafe 125 H8A       4,380,00       Y       Tamsport-Sale Reduc       540,00       Y       Cafe 125 H8A       4,380,00       Y       Tamsport-Sale Reduc       540,00       Y       Cafe 200,00       Y       Tamsport-Sale Reduc       540,00       Y       Cafe 200,00       Y       Tamsport-Sale Reduc       540,00       Y       Cafe 200,00       Y       Cafe 200,00       Y       Tamsport-Sale Reduc       540,00       Y       Cafe 200,00       Y       Y       Cafe 20	1,515,025,28       Y       648,300,62       C         900,00       Y       900,00       Y       648,300,62       C         2,076,00       Y       510,00       Y       280,00       Y       280,00       Y         3,000,00       Y       510,00       Y       280,00       Y       1,950,000       Y       280,00       Y         3,000,00       Y       510,00       Y       280,00       Y       1,950,00       Y       280,00       Y       1,950,00       Y       280,00       Y       1,950,00       Y       280,00       Y       1,950,00       Q       Cafe 125 HSA       4,380,00       Y       1,950,00       Q       C       Cafe 125 HSA       4,380,00       Y       1,095,00       Q       Q       Cafe 295,00       Y       3,495,00       Q       C       Cafe 125 HSA       Halson       720,00       Y       80,00       Q       Q       Cafe 125 HSA       Halson       720,00       Y       80,00       Q       Q       Q       Cafe 125 HSA       Halson       3,300,00       Y       240,00       Q       Q       Q       Y       240,00       Q       S       3,300,00       Y       240,00       Q	1,515,022.32 v 648,300.82 v 900.00 v 90	1,515,022 zie v e48,300 z o v e648,300 z o v e48,300 z o company (1099) v e700