

# M&F Bank Paycheck Protection Loan Program Checklist

Applicant Business Name:	
Financial Institution Name:	M&F Bank

The following Checklist items are required to process your application for a loan under the CARES Act specific to the *Paycheck* Protection Program. The following information is to be submitted with your completed loan application.

- Loan Application Form
- Payroll records for the last 12 months (itemized by employee) that includes:
  - Salary, wages, commissions or similar compensation;
  - Payment of cash tip or equivalent;
  - Payment for vacation, parental, family, medical or sick leave;
  - Allowance for dismissal or separation;
  - Payment required for the provisions of group health care benefits, including insurance premiums;
  - Payment of any retirement benefit;
  - Payment of State or local tax assessed on the compensation of employees; and
  - The sum of payments of any compensation to or income of a sole proprietor or independent contractor that is a wage, commission, income, net earnings from self-employment, or similar compensation and that is an amount that is not more than \$100,000 in 1 year, as prorated for the covered period;

Do NOT include:

- The compensation of an individual employee in excess of an annual salary of \$100,000, as prorated for the covered period;
- Taxes imposed or withheld under chapters 21, 22, or 24 of the Internal Revenue Code of 1986 during the covered period;
- Any compensation of an employee whose principal place of residence is outside of the United States;
- Qualified sick leave for wages which is a credit allowed under section 7001 of the Families First Coronavirus Response Act (Public Law 116-127); or
- Qualified family leave wages for which a credit is allowed under section 7003 of the Families First Coronavirus Response Act (Public Law 116-127)

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## Applicant Information:

Legal Business Name:	
dba Name (if applicable):	
Street Address:	
City State & Zip:	
Primary Contact:	
Primary Contact Phone:	
Primary Contact Email:	
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Type of Entity:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Corporation
Date Established:	
Date Incorporated:	
State of Incorporation:	
Number of Existing Employees:	
Number of Employees after Financing:	
Employer Tax I.D.:	
Website:	