



# ERC Client Intake Form



Client Name:

Client Address:

Client Phone Number:

Client Email Address:

Business Info:

- Type of Business:
- Number of W-2 Employees:
- Cash or Accrual basis for filing Taxes:
- Current Accounting Software:
- Current Payroll Company:
- Do you offer health insurance to employees:

- Legal Structure (Sole Proprietor, LLC, S-Corp., C-Corp):
- Ownership % breakdown (list owners & percentage owned):
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

Did you receive PPP funds? If so, please provide the following information:

|                         |  |                         |  |
|-------------------------|--|-------------------------|--|
| PPP #1 Amount Received: |  | PPP #2 Amount Received: |  |
| Date Received:          |  | Date Received:          |  |
| Forgiveness Date:       |  | Forgiveness Date:       |  |
| Date Funds were issued: |  | Date Funds were issued: |  |

**Please provide the following attachments:**

- Gross sales (revenue) information per quarter from January 1, 2019 to December 31, 2021
- Once we determine eligible quarters we will reach out to you with specific payroll reports that we will need

For any further questions, contact Brad Yochum:  
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