

## Employee Retention Tax Credit (ERTC) Schedule

The Simploy Client Organization (SCO) indicated below hereby submits this schedule to Simploy in order to receive Employee Retention Tax Credits (ERTCs) in accordance with eligibility requirements as published by the Internal Revenue Service and/or the Small Business Administration.

No.	Worksite Employee Name	SS# Last 4 digits	Amount of ERTC Claimed (\$)	Calendar Quarter	Calendar Year
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

## Employee Retention Tax Credit (ERTC) Schedule

No.	Worksite Employee Name	SS# Last 4 digits	Amount of ERTC Claimed (\$)	Calendar Quarter	Calendar Year
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					

***(attach additional sheets if required)***

The Simploy Client Organization (SCO) acknowledges the following:

1. The SCO assumes responsibility and liability for all information contained in this schedule, including calculations and documentation.
2. Simploy cannot legally assume responsibility for the accuracy of this information.
3. A 1.5% processing fee will apply.
4. Upon request, the SCO agrees to provide Simploy with information required by Simploy or any government entity, which might be necessary to substantiate or authenticate information in this schedule.

**Complete the following and have the document notarized.  
Also please initial and date each page where indicated.**

Name of Organization (SCO): \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2020,

before me, the undersigned notary public, personally appeared \_\_\_\_\_,  
*Name of Person Acknowledging*

proved to me through satisfactory evidence of identification, which was \_\_\_\_\_,  
*Type of Identification*

to be the person whose name is signed on the preceding document in my presence.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_