òᵀᴹęᵀᴹΠ ž" Đlé ᵀᴹ"

¯ ΣÞŁ.2: "Þë̈ŊÞ¯ "µ° lµ lĐ/\"½¨ "ëĐᵀᴹÞ¦ lᵀᴹ" œ̇æ ųñælø"{ ø ė lø"¯ lᵀᴹž µ

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¯ lᵀᴹŽ µ " § Þ "E| ÞЩø µ l˙ Ƶ ¼Ž l

)¦ 'Ƶ4Σ/" 19/15/32*

¯ l™ž µ"¯ l"¦ 'Ðþ õº " ÞÞÐŒ

परिचय

ò™ęΠž'Ðé™"¯ ΣÞŁ.2: "ÞÐÞ¯ "µ°lµlÐ\"½¨ ëÐ™Þ¦ l™ œ ųñæIø" { øėlø"¯ l™ž µ")Ǔ l™ž µǓ"ò™ęΠž'Ðé™"µµÞº ƶlø"µµÐ™Þ°l™ž¤¦ Ψ ½¨ ëÐ™Þ¦ l™ρ"¦ ęµ"Ð™Þ¦ l™ρ‹ Ð'½l¬¯ lÐ\"ŦÞº'Ę ¯ ½l"§Þ'Ę¦ lĘ¯ ĝº ¯ " ¦ Ęª øρ¯ Σ'½¸ Ķ½\"{ øėlø"¦ °l™º l"#ı lø"¯ ÐøΨ Ψ ½§"¹ øl™l"˙ ™l"°Ω ĕ ò°ƥøΨ ΣÞŁ.2: ÞÐÞ¯ "µ°lµlÐ\"¯ Ψ¯ lÐŒ"| æž "¯ ćª øl~"¯ l" { øėÞ" ¯ ™l"°Ω

ò™ęΠž'Ðé™"¯ ΣÞŁ.2: "ÞÐÞ¯ "µ°lµlÐ\"½¨ ëÐ™Þ¦ l™ œ ųñæIø" { øėlø"¯ l™ž µ"¦ 'ĘĘK'‹ Ð'{ ł ¯ "¸ lø¯ lÐ\"¯ Ψ ½§-"§Þ'Ę| ÞΨø"¯ ÐøΨ µµ¦ °l™º l"#lõº "¯ ÐøΨ Ψ ½§-"¯ ĝê™l" www.nysmallbusinessrecovery.com ı Ψµ

अनुदान राशि

{ øėlø"ı ΨΨ ΨĕøŒž'ρ¯ Ơ˙ Œøl-"Þ÷ž312: +"¯ Ψ ½§"Ð™Þ¦ l™"¯ Ơ Þl ÷ž "¦ ¯ ½"#lĕõº ™ρ¯ Ψ| ł lÐ'œÐ"¯ Ơ¸ l§˙ Ķ

वार्षिक सकल प्राप्तियां (2019)	अनुदान राशि
ю36-111.ю5: -: : :	ю6-111 #ĕº "Ð™Þ¦ l™
ю61-111.ю: : -: : :	ю21-111 #ĕº "Ð™Þ¦ l™
ю211-111.ю611-111	¦ ¯ ½"#lĕõº ™ρ¯ l"21& ")ю61-111 º ¯ *

+Ǔ ¯ ½"#lĕõº ™lŨ ¯ ¦ "#¯ lÐ'ĕøł lžÐº "¯ Ơ¸ lº K°€"}¦ "¹ l¹ º "‹ Ð' { ł ¯ "¸ lø¯ lÐ\"¯ Ψ ½§"¯ ĝê™l"Ŧ½l~Ł"6 ı Ψµ

{ øėlø"Ðl ¼™l'Ę‹ Ð'˙ Œøl-"§üœl™Ð'ŦÆ'ĘŁΨ½œµÆ'Ï ÞlÐ" ¯ §" ¸ lø ΨÞl½ΨœÐº ƶ"¯ Ψ{ ł Ķø"°€

[illegible]

परिभाषाएं

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]

[illegible]

पात्र लघु व्यवसाय की योग्यताएं

- [illegible]
  - [illegible]

- [illegible]

¯ I™ž µ"¯ I"¦ 'Ѣ õº " ÞÞÐŒ

पात्र लघु व्यवसाय की योग्यताएं (जारी)

- ½¨ "ëÐ™Þ¦ I™ρ‹ Ð'¦ đµ"Ð™Þ¦ I™ρ¯ Σ'ĕøüø ½˘ º ¼º Ψœ'Ð\'¯ ÐøƘ' ° ρ̇ Ķ
  1. Þ÷ž312: ™I"3131 ¯ Ơ¦ ¯ ½"#lĕõº ™I'Ĕ#ĕ "Þ÷žю36-111 ‹ Ð'ю611-111 ¯Ψ¹ Ķ "°ΣøƘ'¸ lčº §"
     - œẫº "2a, IRS Ì ∏µž2231 ™I"2176<'
     - œẫº "2, IRS Ì ∏µž2151"¼Ψ™½"C; ™I
     - œẫº "2a + œẫº "3, IRS Ì ∏µž2151"¼Ψ™½"F
  2. Þ÷ž312: ¯ΨÐ™IÞ¦ lĕ™¯ "ĉÐÆø žœÐ'¦ ¯ IÐlñµ¯ "¦ ¯ ½ ½I¬" #ı ¼ž"¯ Ðº Ψº ρ')ю2 ™I"}¦ ¦ Ψ{ ł ¯ *"
     - œẫº "39, IRS Ì ∏µž2231")œẫº "32, IRS Ì ∏µz2231S);
     - œẫº "33, IRS Ì ∏µž2176<'
     - œẫº "42, IRS Ì ∏µž2151"¼Ψ™½"C; ™I
     - œẫº "45, IRS Ì ∏µž2151"¼Ψ™½"F

3. ȧ¦ 'ĖÐ'42-"3131"¯ Ơº ½øI"µµ'Þ÷z#ĕº .Þ÷ž¯ ƠÞI ÷ž " #lĕõº ™ρ'µµ'Þ÷ž312: ¯ Ơ¦ µlø"{ Þ ł "¯Ψ ½§- ÞI ÷ž "¦ ¯ ½" #lĕõº ™ρ'µµ'¯ µ"¦ Ψ µ"36& "°lĕø"#ı ¼ž"¯ Ðº Ψ ρ̱
   - °lĕø"¯ Ơ˙ Œø I"Þ÷ž312: "¯Ψ¦ 'ĖƘ'™"ÆÐ¦ "ĉÐÆø žœÐ' #ĕº ÞΨº"IRS Ì ∏µž2231"™I"2176"œÐ' œẫº "2a, IRS Ì ∏µž2151"¼Ψ™½"C œÐ' œẫº "2-"™I"IRS Ì ∏µz2151" ¼Ψ™½"F œÐ' œẫº "2a + œẫº "3"¯ I"™Σ "‹ Ð'Þ÷z3131" ¯Ψ¦ 'ĖƘ'™"ÆÐ¦ "ĉÐÆø žœÐ' #ĕº ÞΨº"IRS Ì ∏µz2231"™I" 2176"œÐ' œẫº "2a, IRS Ì ∏µž2151"¼Ψ™½"C œÐ' œẫº " 2-"™I"IRS Ì ∏µž2151"¼Ψ™½"F œÐ' œẫº "2a + œẫº 3" ¯ I"™Σ "¯Ψ¹ Ķ "¯Ψ{ òº Ð')¼Ψ.¬I˙ *"¯Ψ| ł IÐ'œÐ'¯ O ¸ I§˙ Ƙ')¦ µlø"{ Þ ł "¯ Σ¯ ÞÐ'¯ ÐøΨI½Ψ#ñ™Ψ"µIµ½Ψ µµ̱"œÐ' Œº "µΨ̧™"µµ'Þ÷z#ĕº .Þ÷ž36& "¯ O¯ µƘ'ȧ ˘ I~" ıΨƘ'¸ lčº §_"Þ÷ž312: "µµ| 'Ĕ¼¯ "¯ Ð'Þ÷žÞI½ΨÐ™Þ¦ I™-" Þ÷ž3131"µµ'µ°Λø ρ'¯ Ơº ½øƘ'™"¦ ẫ™I"¯Ψ| ł IÐ'œÐ' 36& "°lĕø"¯ Ơ˙ Œø I"¯ Ðµ Ψ̱
4. #ı ¼ž"¯ Ðº Ψ ρ' ¯ "Þ÷ž3131 ¯ΨÐ™IÞ¦ lĕ™¯ "| ™"ĉÐÆø žœÐ' ¯ ĕ½"Ð™™-"{ øėlø"ÐI ¼"¦ Ψ{ ł ¯ "°Ω̱
   ○ ¯ ĕ½"Ð™™"˙ ŒøI" Þųǐ ł "#Ŧº I Þº "{ øėlø"ÐI ¼-" | ÞΨ "Ï ÞIÐ"#Ŧº ȩ "Þ÷ž3131"¯Ψ¦ 'ĖƘ'™"ÆÐ¦ "ĉÐÆø ž œÐ' #ĕº ÞΨº "Ð™IÞ¦ lĕ™¯ "Ð™™"œÐ'| ł IĉÐº "°Σ Ķ̱

¯ I™Ƶ µ"¯ I"¦ Ŀþ õº " ÞÞÐŒ

पात्र लघु व्यवसाय की योग्यताएं (जारी)

5. ½I˙ ę¦ ΈK™-"Ðlé™"‹ Ð'ŦæIøK™"² Iøęρ" Þĕø™µρ"¦ Ɇ°I« Ɇ ‹ Ð'{ œΨI« Ɇ I"œ™Iõº"{ øėI½ø"¯ Ðº Ψ ρ

6. ¸ ë½I~"26-"3131"¯ Ψœž¯ I"¯ Σ"¬K¦ ΈK™-"Ðlé™-"™I ŦæIøK™"¯ Ð'¯ ƠıΨı IÐ\ø"°Σ"¸ ¹°¯ "™º"| œ̄Ψœ¦ "{ øµΣı°"¸ èŦºK™Σ øI-"| Ŧæ˙°"™Σ øI"°Σ"{ æÞI"¦ ΈK™-"Ðlé™-"‹ Ð'ŦæIøK™"¯ Ð'#I ł ¯ ÐŒρ¯ Ψ¦ Iæ"{ ò™"½I˙ ę ¦ µˇ ŦºI"Ï ÞIÐ"¯ ÞÐ'ø"¯ ™I"˙ ™I"°Σ

7. ¦ ΈK™"{ µΨÐ ø"ÐΨá™ęõ½Iø"§áÆ' Ì "3132"¯ Ψ{ òº˙ ƶ-" ™I"¡ œ½úI "¯ ¦ K{ ò™"¦ ΈK™"¯ ΣÞŁ.2: "| æƶ "œųñæIø" ™I"Ð™IÞ¦ Iĕ™¯ "¦ °I™ºI"{ øėIø"¯ I™Ƶ µρ¯ Ψ{ òº˙ ƶ" Ð™Þ¦ I™"{ øėIø"¦ °I™ºI"¯ I™Ƶ µρ¯ Ψ ½§"œ¢"ø°ΛE°ę "°Σ" ĕ ¦ µµ¦ ΈK™"œΨΨ"#ΣÆΨ¼ø"#Ͽ Iµ"¯ Ψ{ òº˙ ƶ"µIÌ "¯ §" ˙ §"£ Œ"¬K¦ ĕüµ ½º"°Ω{ æÞI"¤¦ Ψ¦ ΈK™"¯ I™Ƶ µρ¦ Ψ œ™Iõº"Ð™IÞ¦ Iĕ™¯ "¦ °I™ºI"#Iõº"¯ ÐøΨµµ{ ¦ µæž°ξ+

+œ¢"| ÞΨ ρ¯ Σĕøüø ½ˇ °"¦ ΈK™"¦ °I™ºI"#Iõº"°ę"°Σ¦ ¯ °K°Ω™I" ¡ò°µ{ ł ĕø ŒƵ"¯ ™I"˙ ™I"°Σ¦ ¯ °I"°Ω

- œΨΨ"#ΣÆΨ¼ø"#ϿIµ"¯ Ψю211-111"™I"}¦ ¦ Ψ µ"¯ Ψ¯ ĕ½"£ Œ"
- ю21-111"™I"}¦ ¦ Ψ µ"¯ Ơ¯ ΣÞŁ-2: "EIDL §ŁÞIò¦ "9IòÆ
- ю6-111"™I"}¦ ¦ Ψ µ"¯ Ơ¯ ΣÞŁ-2: "EIDL ¦ õ½/µΨÆ½"ÆÐ ΨÆ" §ŁÞIò¦ "9IòÆ
- SBA ¼ÆŁžÞΨ™ę' œÐΨÐ'9IòÆ

¯ I™Ƶ µ"¯ I"¦ 'Ɏþ õº " ÞÞÐŒ

अतिरिक्त जानकारी

- œ̀ŀ¢"| ÞΨ ρ"¯ Σ¦ Iđ™"#ı Iø"¯ ÐøI"°Σ I-"¸ Σ'ò™ęΠź'Ðlé™"¯ Σ ŦÞK I™ź°Σ" ¯ "œ̀ŀ¢"| ÞΨ " 7 ™I¼K½"°Ω Ð'™°" ¯ œ̀ŀ¢"| ÞΨ " ¯ ¦ K'¬K'Ðlé™-"ŦæIøK™"™I"{ ò™"§¸ Ψ¦ K'¯Ψ| ıΨ"Ï ÞIÐ" #ěº¹ ěòł °"ø°ΛΈ°Ω
- ¦ Kµ°"µI¢I"µ'µ'ěøł K™ø")Ì ȁŁΈ*"‹ Ð'{ œΨI"¦ Ψ{ ł¯ "{ øÐΣ ρ"¯ Ö ¡ã¸ "µI¢I"¯Ψ¯ IÐŒ-"Ð™Þ¦ I™"#¯ IÐ"¬ėΣ½"‹ Ð'¡Ï ™Σ "{ øėIø" #Iõº "¯ ÐøΨ Öþµ°I"œÐ'#¬IÞ"ŁI½"¦ ¯ °Ψ ξ
- ¦ IµIě ¯ "‹ Ð'| æz̄ "ůœ"¦ ΨÞΈ °"Ð™Þ¦ I™"¯ΨŦÞI µ™ρ"¯ Σ #Iæ µ¯ °I"ı Λ'¸ I§˙ K"ě ¦ µ'µ'{ ÿœ¦ ã™¯ "‹ Ð'µċ°½I« Έ¯ΨŦÞI µñÞ" ÞI½ΨÐ™IÞ¦ Iě™¯ "¡Ï ™µ-"¦ ΨI.{ þµ"œęz¦ Ðø¯ "¯ΨŦÞI µñÞ"ÞI½Ψ Ð™Þ¦ I™-"‹ Ð'œęz¦ Ðø¯ "¯ΨŦÞI µñÞ"ÞI½ΨÐ™Þ¦ I™")§ø/ÞI~/§¦ " #µIŒø"| ÞŊ™¯ "ø°ΛΈ°Ω"{ æÞI"¦ µėI™ρ'µ'ěŦæº "¤¦ ΨÐ™Þ¦ I™"¬K' ¦ ěüµ ½º "°ξ¸ Σ'µI¸ ź2-"3131"¦ Ψœ°½Ψ| æz̄ "ůœ"¦ Ψ¦ ΈÆ9Ŧº "æΨ ¸ ΩI" ¯ "øÞKø°µ"¸ ø˙ ŒøI"ŁΨ"Ï ÞIÐ"ěøł IžÐº " ¯ ™I ˙ ™I"°Ω ¯ òº ë}°øI"°Λ'¦ Kµ°"ø°ΛΈ°ξ

¯ l™Ƶ µ"¯ l"¦ 'Ēþ õº " ÞÞĐŒ

अपात्र व्यवसाय

- ¦ ¬K̈˙ ĐΩ½l¬¯ lĐA"¸ ¸ z̈‹ Đ'{ ò™"ƚ l µ z̄ "¦ 'Eælø<
- ¦ Đ̄ lĐ/\"ŦÞl µ ñÞ"Þl½/\"¦ 'Eæl§'E™l"ĕøÞlz¸ º "| ƚ ¯ lĉĐ̄ "¯ l™lž½™<
- ¤¦ ΨĐ™Þ¦ l™"¸ Σ̈ µ ȇ ™"ůœ"¦ ΨĐl¸ ø Kēº ¯ "™l"¦ µ æø.¸ ȇĦÞ" ¯ l™z̄ ½lœ̈ø" µ ľ#ÞĶ̧"°ξ̧
- ¤¦ ΨĐ™Þ¦ l™"ę̧ ò°ľ̈SBA ĐΨº Đ'ĒĐ/\Þl} Æ½l} Á Ψ̈ø"9 lòÆ"#Σ̈9 lµ"¦ Ψ̸ ø" #lõº "° ȩ̧ "°Σ̧<
- ¬ ę̧ŦÞlµ K̈‹ Đ'ĕøĕǂ/ ™"{ ¸ ½"¦ 'œ̈K̦"| ™"Đ™Þ¦ l™<
- { ÞΩ̇"Đ™Þ¦ l™"‹ Đ'¡ Ï ™µ <"º æl
- ~/§¦ /ŁK̈"Ï ÞlĐ"ĕø ȧ ƶÆ"{ ò™"¡ Ï ™Σ "™l"Đ™Þ¦ l™"¯ Ψ#¯ lĐ_

¯ l™Ž µ"¯ l"¦ Ðþ õº " ÞÞÐŒ

आवश्यक प्रलेखन

1. ¦ ¯ ½"#lĕõº ™ρ̈¯ Ó°lĕø"™l"{ ò™"| æž "¯ ċª øl~"¯ Ψ¦ lđ™"¯ Ψ ½§;" 312: "‹ Ð 3131 ¯ΨÐ™lÞ¦ lĕ™¯ "| ™¯ Ð' ĉÐÆøz
   - ¯ ÏÐœÐ¼ø"‹ Ð'¦ Kµº "ı Ψº l"¯ Ðĕĕø™lŤ(LLCs) ¯ Ψ ½§ – IRS Ì ∏µž2231
   - ¦ lˇ ΨlĉÐ™ρ̈¯ Ψ ½§" – IRS Ì ∏µž2176"‹ Ð'¼Ψ™ę½" K-2s
   - §¯ ½"ŦÞl µñÞρ̈¯ Ψ ½§" – IRS Ì ∏µž2151"‹ Ð'¼Ψ™ę½" C
     - §¯ ½"ŦÞl µñÞ"¯ ĝ÷"Ð™Þ¦ l™ρ̈¯ Ψ ½§" – IRS Ì ∏µž2151" ¼Ψ™ę½" F ¼l µ½"¯ Ðµ

   ö™lø"ı µ' 312: ‹ Ð' 3131 ¯ Ψ ½§" œĘž"Ì l} ½" ¯ §"˙ §" ÆΩ¦ " ĉÐÆøž| ÞŊ™¯ "°ξ

2. œĘž ¯ ™l"˙ ™l" IRS Ì ∏µž5617-C (™ȧ "Lendistry Ï ÞlÐ"{ øÐΣ " ¯ ™l" ˙ ™l"°Ω

3. Ð™Þ¦ l™"¯ ΨŦælø"‹ Ð'Þº µlø"¦ ŢĮ½ø"¯ l"¦ lđ™")ĕøüø ½˘ º"µ|µ ¦ Ψ Σ)3*"¯ Σ#ı lø"¯ Ðøl"°Σ l*;
   - Þº µlø"½ΛÁ"
   - ¡ œ™Σ˙ º l")™ęÆ½ÆΛ"ď ½
   - Þº µlø"Ð™Þ¦ l™"¹ ξ "ŦÆΨµ ŧΨÆ"
   - Þº µlø"Ð™Þ¦ l™"¹ Ŧ¯ "ŦÆΨµ ŧΨÆ"
   - Ð™Þ¦ l™"7ΨŁÆ"¯ lŁžŦÆΨµ ŧΨÆ"
   - œΨΨÐ"¹ Ķµ l"ď ½
   - ¬ė º lø"#¦ Ŧ¯ ÐŒ"ŦÆΨµ ŧΨÆ
   - §ø/Þl~/§¦ . ST-91: "{ æÞl" ST-211 ď 7 Ó¯ Ð'¦ Ψ°"#½Ψø

¯ l™Ƶ µ"¯ l"¦ 'Ëþ õº " ÞÞÐŒ

आवश्यक प्रलेखन (जारी)

4. ŦÞl µñÞ"¯ Ö{ øė ę K')§¯ µl¢"µl ½¯ "œÐ'½l˙ ëø° Æ"Ð™Þ¦ l™"¯ Ψ 31& "™l"}¦ ¦ Ψ{ ł ¯ "¯ ΨŦÞl µñÞ"Þl½Ψ¯ ¦ K'¬K'ŦÞlµK'¯ Ψølµ-" œº Ψ¦ Σ¼½" ¦ á™ęÐÆ'ø'ĖÐ')˙ Ω{ µΨÐ ÖŦÞl µ™ǿ"¯ Ψ ½§-" Ð™ǎáº ˙ º "¯ Ð lº l"œ¸ lø"¦ 'ǡ™l*-"Ì Σø"ø'ĖÐ"~.µΨ-"ŦÞl µñÞ"¯ Ö #ěº ¼º º l"‹ Ð'Ì ΣÆΣ'| ~ŁK'¯ Ö¦ ę K
   - { øėlø"¯ Ψ| ÞΨø"¯ Σ'œę"¯ ÐøΨ Ψ ½§-"ŦÞlµK| ÞΨ "¯ Σ ¯ µ"¦ Ψ µ"31& "¯ l"ŦÞlµK'°Σøl"°Σ l"‹ Ð'ølµ-"œº l- ¦ Σ¼½" ¦ á™ęÐÆ'ø'ĖÐ'™l"˙ Ω{ µΨÐ ÖŦÞl µ™ǿ"¯ Ψ ½§-"Ð™ǎáº ˙ º " ¯ Ð lº l"œ¸ lø"¦ 'ǡ™l-"Ì Σø"ø'ĖÐ"~.µΨ-"ŦÞl µñÞ"¯ Ö #ěº ¼º º l"‹ Ð'Ì ΣÆΣ'| ~ŁK'¯ Ö¦ ę K'#ı lø"¯ ÐøK'°Σ K_
   - { øėlø"¯ Ψěøł K'™ø")Ì ǡ ŁĖ*"¯ Σ'œę"¯ ÐøΨ Ψ ½§-"| ÞΨ " ¯ Σ'31& "™l"}¦ ¦ Ψ{ ł ¯ "¯ ΨŦÞl µñÞ"Þl½Ψ¦ ¬K'ŦÞl µ™ǿ"¯ Ψ ŦÞl µñÞ"¦ ę øl"¯ Ö{ øė ę K'"ølµ-"œº Ψ¦ Σ¼½" ¦ á™ęÐÆ'ø'ĖÐ' ™l"˙ Ω{ µΨÐ ÖŦÞl µ™ǿ"¯ Ψ ½§-"Ð™ǎáº ˙ º "¯ Ð lº l"œ¸ lø" ¦ 'ǡ™l-"Ì Σø"ø'ĖÐ"~.µΨ-"ŦÞl µñÞ"¯ Ö#ěº ¼º º l"‹ Ð'Ì ΣÆΣ' | ~ŁK'¯ Ö¦ ę K'#Ŧº ę"¯ ÐøK'°Σ K_
   - ˙ Ω{ µΨÐ ÖŦÞlµK IRS ß Πµ'žCP676"¯ Ψµlö™µ"¦ ΨÐ™ǎáº ˙ º " ¯ Ð lº l"œ¸ lø"¦ 'ǡ™l"¦ ñ™lœø"¯ Ψ{ ł Kø"°ξ

5. ¯ µẓlÐ™ǿ"¯ Ö¦ 'ǡ™l"¯ l"¦ lđ™;"ěø™Σáº l"Ì µ´"¯ Ψ ½§"°l½"°Λ'µμ¦ #Ŧº ę"§ø/Þl~/§¦ /.56 ı Ŧº lÞΆ_

6. Ð™lÞ¦ lě™¯ "¦ 'Ėª ø"¯ l"¦ lđ™")ěøüø ½ ˘ º "µμ¦ Ψ' Ψ½"§¯ ")2*"¯ Σ #ı lø"¯ Ðμ;
   - Þº µlø"Ð™lÞ¦ lě™¯ "½l}¦ Ψ¦ "
   - Þº µlø"Ð™lÞ¦ lě™¯ "#µlŒ.œ;
   - ¦ 'Ėª ø"¯ l"#µlŒ.œ;
   - ¯ ěýœº "ølµ"¯ l"#µlŒ.œ;")ŁK'¹ K'§/*
   - §ø/Þl~/§¦ /"#l ł ¯ ÐŒ"¯ l"#µlŒ.œ;
   - ¦ 'Ėælœø"¯ l"#½Ψø
   - §ø/Þl~/§¦ /"µμ¦ 'Ėl ½º "¯ ÐøΨ Ψ ½§"#l ł ¯ ÐŒ"ȧ ˘ lº Ψº§" §ø/Þl~/§¦ /"ø˙ Ðœł ½¯ l"Ï ÞlÐ"¸ lÐΛ'ı Ŧº lÞΆ_

7. ěø ł "¯ Ψ Þº ÐŒ"¯ Ψ ½§: IRS ß Πµ'žW-: ‹ Ð'¹ ξ "˘ lº l"¸ lø¯ lÐΛ_

¯ I™Ƶ µ"¯ I"¦ Ðþ õº " ÞÞÐŒ

निधि के पात्र उपयोग

{ øėlø"¯ I"¡ œ™Σ "¯ ΣÞŁ.2: ¦ Ψ¦ ¹ËË º"µI¸ Ƶ2-"3131 ‹ Ð{ #Ω"2-" 3132 ¯Ψ¹ Ķ " ¯ §"˙ §"Ð™™ρ¯ Ψ ½§"¯ ÐøI"°Σ I_"}øµµëøüø ½˘ º" ¼I µ½"°ξ

1. ÞΨø"¬ëºlø"¯ Ö½I˙ ºµ
2. §ø/ÞI~/§¦ /.ěŦæº "¦ ðeĶ"¯ Ψ ½§"ÞI Œéé™¯ " ¯ ÐI™I"™I"¹Ë¯ " ¬ëºlø")¯ òº ë¯ Σ~" ¯ ÐI™I"™I"¹Ë¯ "œzz¬ëºlø"ø°Æ<
3. §ø/ÞI~/§¦ /"µµ§¯ "½¨ ëÐ™Þ¦ I™"Ŧælø"¦ Ψ¦ ËÏł "ŦæløĶ™"¦ ðeĶ" ™I"Ŧ¯ ę½"¯ Ðþ¯ I"¬ëºlø<
4. ¹ Ķµ I"¯ Ö½I˙ ºµ
5. ¡ œ™Σ˙ ºI"¯ Ö½I˙ ºµ
6. ¯ µƶIÐ\'‹ Ð¦ œ¬Σ̈ºI"ŦÞIŦó™"§ÞË¦ Ðþ I"¯ Ψ¦ Ðþ Œ"¯ Ψ ½§" | ÞŊ™¯ "ěø¸ Ķ¦ Ðþ I"¡ œ ÐŒ")œĶœĶ~*"¯ Ö½I˙ ºµ
7. °ÆŒ-"ÞÞÆ½Ψø"‹ Ð§™Ð¯ òŁĶ¼ěøË")§¸ ÞĶ§¦ Ķ"¯ Ö½I˙ ºµ
8. { ò™"µ¼ĶøÐ\'™I"¡ œ ÐŒρ¯ Ö½I˙ ºµ
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NEW YORK STATE OF OPPORTUNITY | Empire State Development

Powered by lendistry

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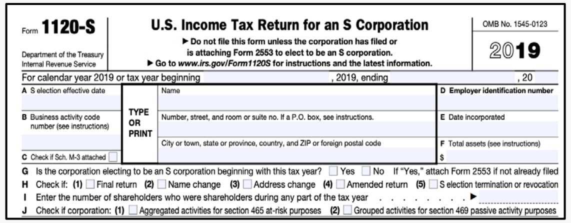
कॉरपोरेशन और सीमित देयता कंपनियां (LLCs)

IRS फ़ॉर्म 1120–S



Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2019

For calendar year 2019 or tax year beginning , 2019, ending , 20

A S election effective date

B Business activity code number (see instructions)

C Check if Sch. M-3 attached ☐

TYPE OR PRINT

Name

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code

D **Employer identification number**

E Date incorporated

F Total assets (see instructions)

$

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☐ No If "Yes," attach Form 2553 if not already filed

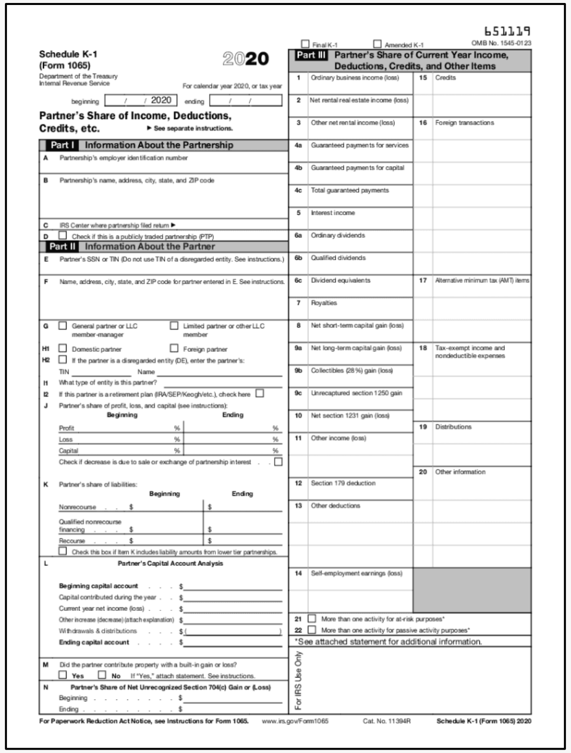
H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year . . . . ▶

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

साझेदारियां

फ़ॉर्म 1065 शेड्यूल K-1



651119

☐ Final K-1 ☐ Amended K-1

OMB No. 1545-0123

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2020

For calendar year 2020, or tax year

beginning / / 2020 ending / /

Partner's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

C IRS Center where partnership filed return ▶

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

G ☐ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☐ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN ________ Name ________

I1 What type of entity is this partner? ________

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

Check if decrease is due to sale or exchange of partnership interest . . ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse . . .	$	$
Qualified nonrecourse financing . . .	$	$
Recourse	$	$

☐ Check this box if Item K includes liability amounts from lower tier partnerships.

L **Partner's Capital Account Analysis**

Beginning capital account . . . . $

Capital contributed during the year . . $

Current year net income (loss) . . . . $

Other increase (decrease) (attach explanation) $

Withdrawals & distributions . . . . $( )

Ending capital account . . . . . . $

M Did the partner contribute property with a built-in gain or loss?
☐ **Yes** ☐ **No** If "Yes," attach statement. See instructions.

N **Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning . . . . $

Ending . . . . $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	19	Distributions
11	Other income (loss)		
12	Section 179 deduction	20	Other information
13	Other deductions		
14	Self-employment earnings (loss)		

21 ☐ More than one activity for at-risk purposes*

22 ☐ More than one activity for passive activity purposes*

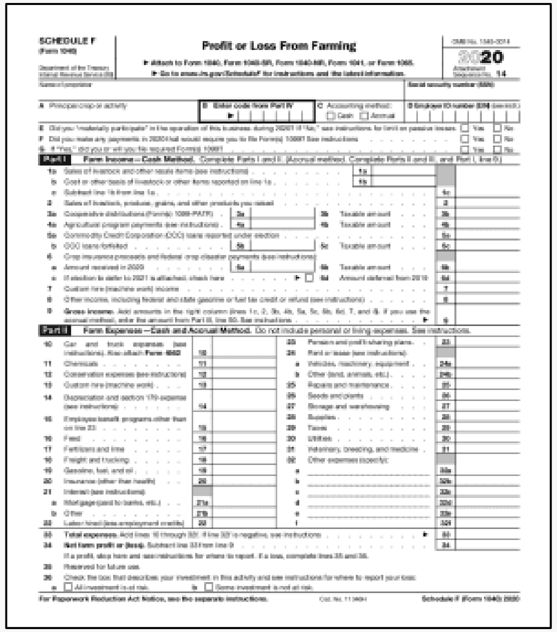
*See attached statement for additional information.

For IRS Use Only

For Paperwork Reduction Act Notice, see Instructions for Form 1065. www.irs.gov/Form1065 Cat. No. 11394R **Schedule K-1 (Form 1065) 2020**

एकल स्वामित्व (कृषि व्यवसाय)

फ़ॉर्म 1040 शेड्यूल F



SCHEDULE F

Profit or Loss From Farming

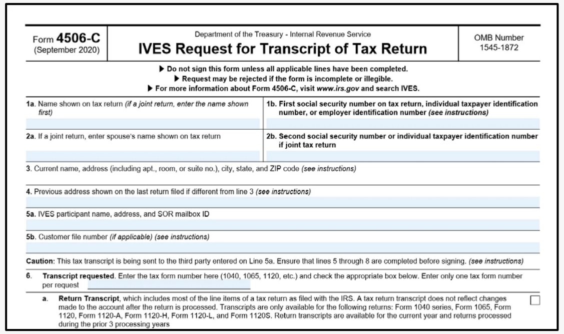
2020

14

Part I

Part II

पूर्ण किया गया 4506-C (केवल यदि LENDISTRY द्वारा अनुरोध किया गया हो)



Form **4506-C**
(September 2020)

Department of the Treasury - Internal Revenue Service

IVES Request for Transcript of Tax Return

OMB Number
1545-1872

▶ **Do not sign this form unless all applicable lines have been completed.**

▶ **Request may be rejected if the form is incomplete or illegible.**

▶ **For more information about Form 4506-C, visit *www.irs.gov* and search IVES.**

1a. Name shown on tax return *(if a joint return, enter the name shown first)*

1b. First social security number on tax return, individual taxpayer identification number, or employer identification number *(see instructions)*

2a. If a joint return, enter spouse's name shown on tax return

2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code *(see instructions)*

4. Previous address shown on the last return filed if different from line 3 *(see instructions)*

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number *(if applicable) (see instructions)*

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. *(see instructions)*

6. **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request

a. **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years ☐

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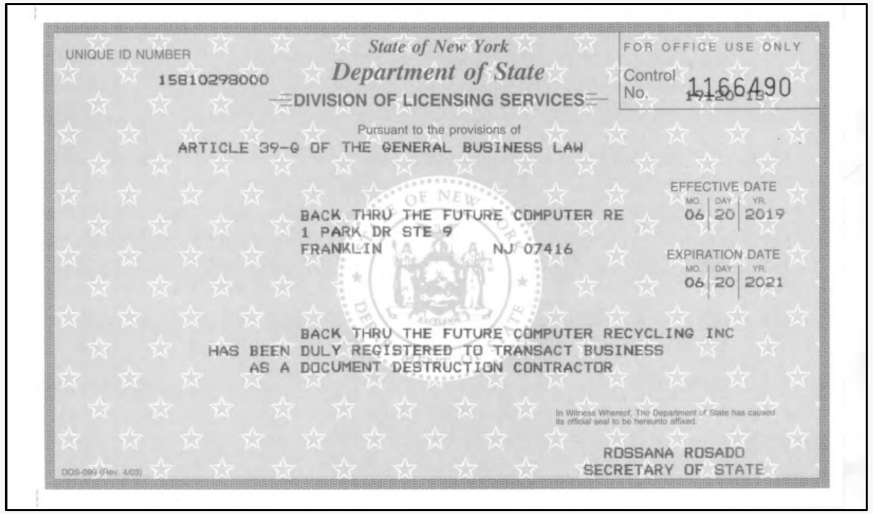
वर्तमान व्यावसायिक लाइसेन्स



UNIQUE ID NUMBER
15810298000

State of New York
Department of State
DIVISION OF LICENSING SERVICES

FOR OFFICE USE ONLY
Control No. 1166490

Pursuant to the provisions of
ARTICLE 39-G OF THE GENERAL BUSINESS LAW

BACK THRU THE FUTURE COMPUTER RE
1 PARK DR STE 9
FRANKLIN NJ 07416

EFFECTIVE DATE

MO.	DAY	YR.
06	20	2019

EXPIRATION DATE

MO.	DAY	YR.
06	20	2021

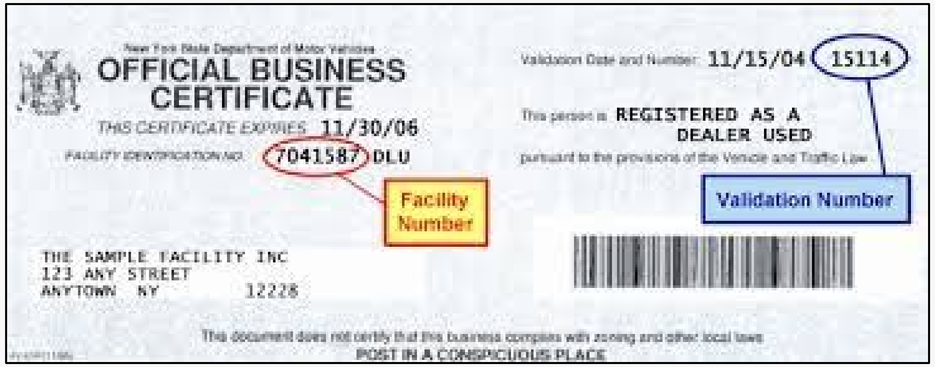
BACK THRU THE FUTURE COMPUTER RECYCLING INC
HAS BEEN DULY REGISTERED TO TRANSACT BUSINESS
AS A DOCUMENT DESTRUCTION CONTRACTOR

In Witness Whereof, The Department of State has caused its official seal to be hereunto affixed.

ROSSANA ROSADO
SECRETARY OF STATE

DOS-099 (Rev. 4/03)

वर्तमान व्यावसायिक प्रमाण-पत्र



New York State Department of Motor Vehicles
OFFICIAL BUSINESS CERTIFICATE

THIS CERTIFICATE EXPIRES 11/30/06
FACILITY IDENTIFICATION NO. 7041587 DLU

Validation Date and Number: 11/15/04 15114

This person is REGISTERED AS A DEALER USED
pursuant to the provisions of the Vehicle and Traffic Law

THE SAMPLE FACILITY INC
123 ANY STREET
ANYTOWN NY 12228

This document does not certify that this business complies with zoning and other local laws
POST IN A CONSPICUOUS PLACE

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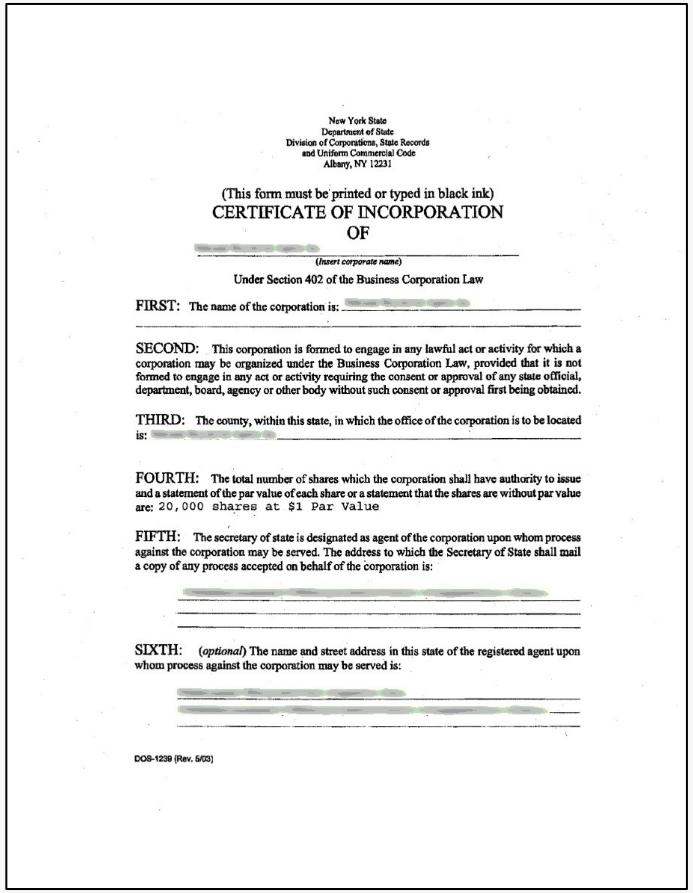
संस्थापन का प्रमाण-पत्र



New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
Albany, NY 12231

(This form must be printed or typed in black ink)

CERTIFICATE OF INCORPORATION
OF
[redacted]
(Insert corporate name)

Under Section 402 of the Business Corporation Law

FIRST: The name of the corporation is: [redacted]

SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The county, within this state, in which the office of the corporation is to be located is: [redacted]

FOURTH: The total number of shares which the corporation shall have authority to issue and a statement of the par value of each share or a statement that the shares are without par value are: 20,000 shares at $1 Par Value

FIFTH: The secretary of state is designated as agent of the corporation upon whom process against the corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is:

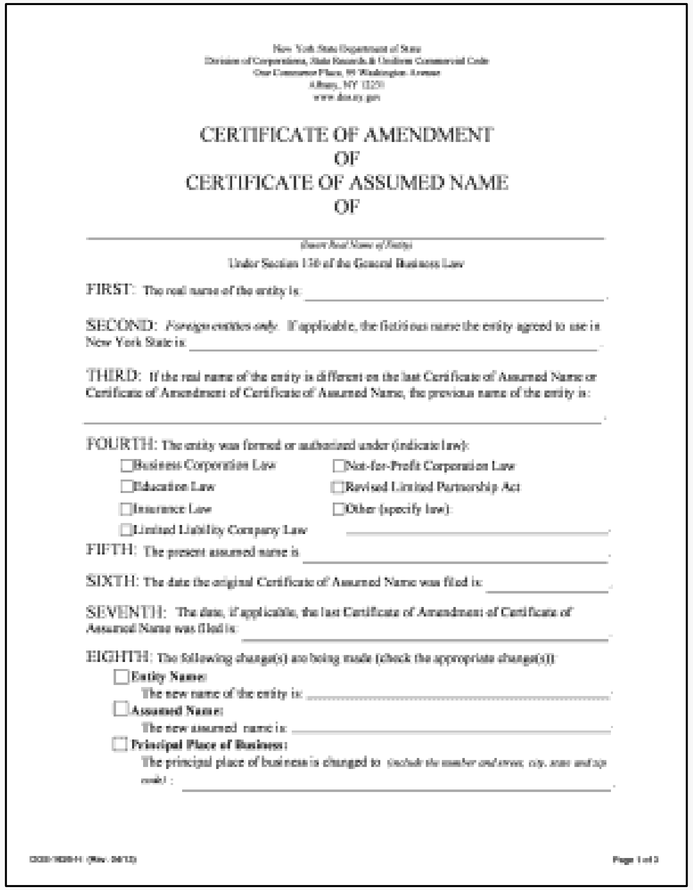
[redacted]

SIXTH: *(optional)* The name and street address in this state of the registered agent upon whom process against the corporation may be served is:

[redacted]

DOS-1239 (Rev. 5/03)

कल्पित नाम का प्रमाण-पत्र (डी.बी.ए.)



New York State Department of State
Division of Corporations, State Records & Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF ASSUMED NAME
OF

(Insert Real Name of Entity)

Under Section 130 of the General Business Law

FIRST: The real name of the entity is: ______

SECOND: *Foreign entities only.* If applicable, the fictitious name the entity agreed to use in New York State is: ______

THIRD: If the real name of the entity is different on the last Certificate of Assumed Name or Certificate of Amendment of Certificate of Assumed Name, the previous name of the entity is:

FOURTH: The entity was formed or authorized under (indicate law):

☐ Business Corporation Law	☐ Not-for-Profit Corporation Law
☐ Education Law	☐ Revised Limited Partnership Act
☐ Insurance Law	☐ Other (specify law):
☐ Limited Liability Company Law	______

FIFTH: The present assumed name is ______

SIXTH: The date the original Certificate of Assumed Name was filed is: ______

SEVENTH: The date, if applicable, the last Certificate of Amendment of Certificate of Assumed Name was filed is: ______

EIGHTH: The following change(s) are being made (check the appropriate change(s)):

☐ **Entity Name:**
The new name of the entity is: ______
☐ **Assumed Name:**
The new assumed name is: ______
☐ **Principal Place of Business:**
The principal place of business is changed to *(include the number and street, city, state and zip code)*: ______

Page 1 of 2

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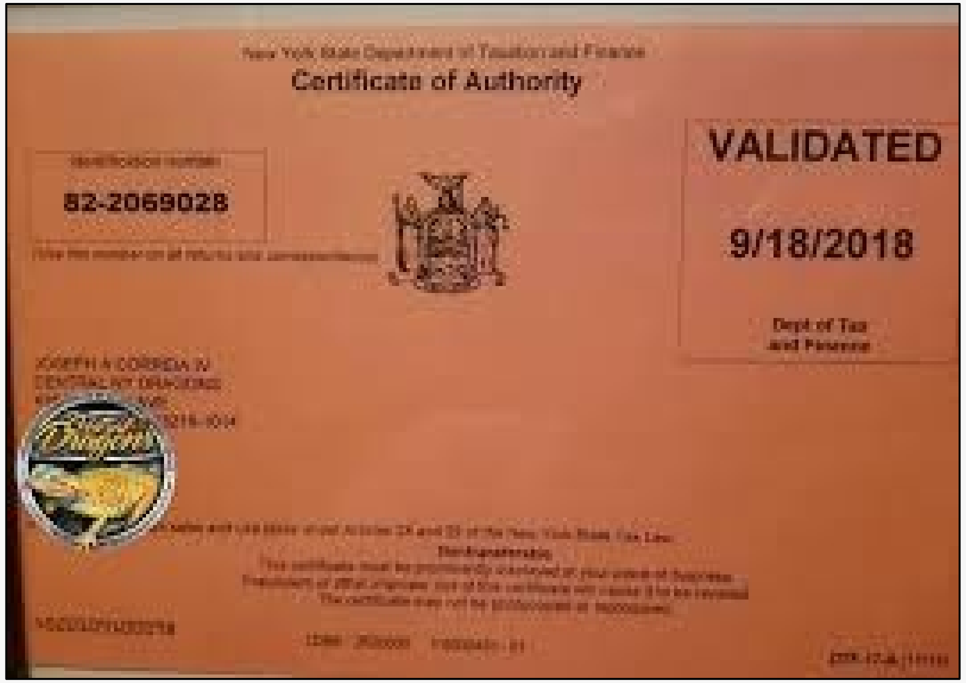
प्राधिकरण का प्रमाण-पत्र



New York State Department of Taxation and Finance

Certificate of Authority

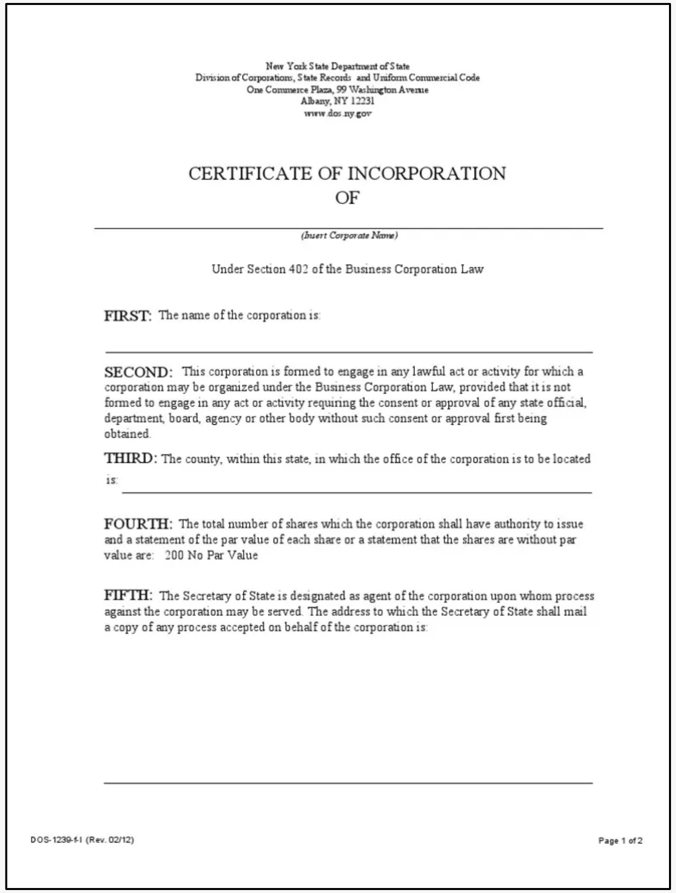
82-2069028

VALIDATED

9/18/2018

Dept of Tax
and Finance

संस्थापन का प्रलेखन



New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

CERTIFICATE OF INCORPORATION
OF

____
(Insert Corporate Name)

Under Section 402 of the Business Corporation Law

FIRST: The name of the corporation is:

____

SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The county, within this state, in which the office of the corporation is to be located is: _____________________________

FOURTH: The total number of shares which the corporation shall have authority to issue and a statement of the par value of each share or a statement that the shares are without par value are: 200 No Par Value

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is:

____

DOS-1239-f-l (Rev. 02/12)

Page 1 of 2

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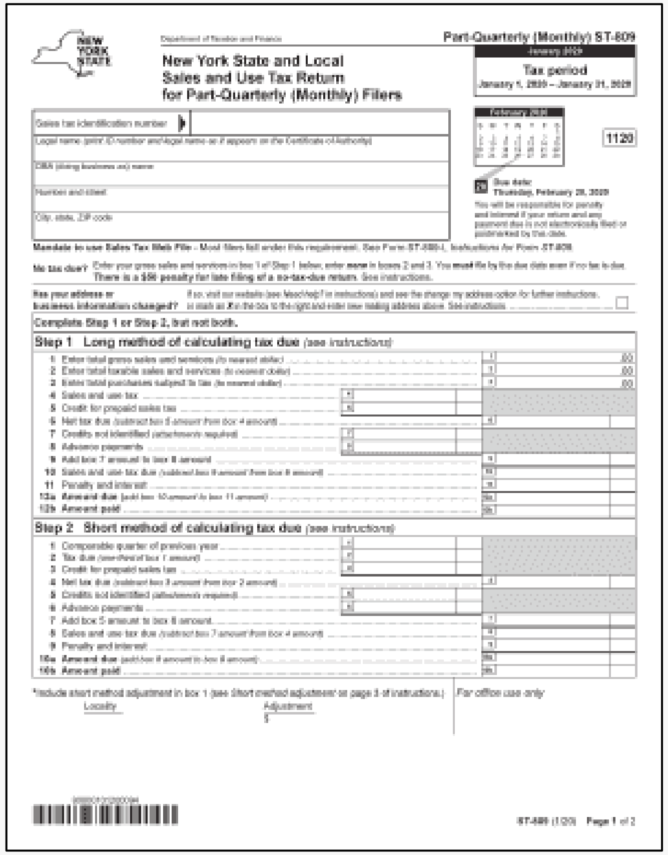
एन.वाई.एस. ST-809



Department of Taxation and Finance

Part-Quarterly (Monthly) ST-809

New York State and Local
Sales and Use Tax Return
for Part-Quarterly (Monthly) Filers

Tax period
January 1, 2020 – January 31, 2020

1120

Due date:
Thursday, February 20, 2020

Sales tax identification number

Legal name

DBA (doing business as) name

Number and street

City, state, ZIP code

Complete Step 1 or Step 2, but not both.

Step 1 Long method of calculating tax due (see instructions)

Step 2 Short method of calculating tax due (see instructions)

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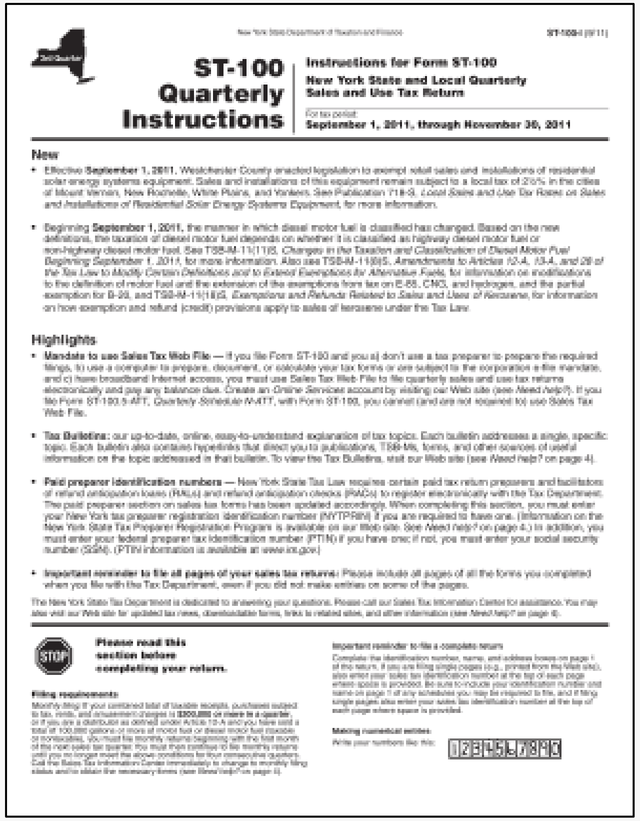
ST-100 बिक्री कर दस्तावेज़ीकरण



New York State Department of Taxation and Finance

ST-100-I (9/11)

ST-100 Quarterly Instructions

Instructions for Form ST-100

New York State and Local Quarterly Sales and Use Tax Return

For tax period:
September 1, 2011, through November 30, 2011

New

Highlights

- **Mandate to use Sales Tax Web File —**
- **Tax Bulletins:**
- **Paid preparer identification numbers —**
- **Important reminder to file all pages of your sales tax returns:**

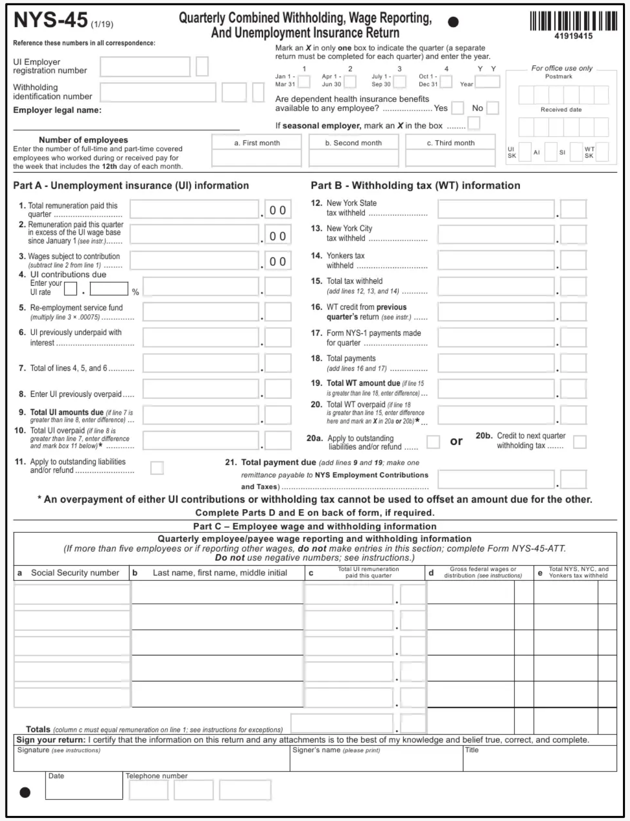
Please read this section before completing your return.

Filing requirements

Important reminder to file a complete return

Making numerical entries

नियोक्ता फ़र्मों के लिए हाल ही में प्रस्तुत एन.वाई.एस.-45 दस्तावेज़।



NYS-45 (1/19)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

41919415

Reference these numbers in all correspondence:

UI Employer registration number ☐

Withholding identification number ☐

Employer legal name:

Mark an ***X*** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

1 Jan 1 - Mar 31 ☐ 2 Apr 1 - Jun 30 ☐ 3 July 1 - Sep 30 ☐ 4 Oct 1 - Dec 31 ☐ Y Y Year ☐

Are dependent health insurance benefits available to any employee? .... Yes ☐ No ☐

If **seasonal employer,** mark an ***X*** in the box .... ☐

For office use only
Postmark
Received date
UI SK ☐ AI ☐ SI ☐ WT SK ☐

Number of employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the **12th** day of each month.

a. First month | b. Second month | c. Third month

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter 0 0
2. Remuneration paid this quarter in excess of the UI wage base since January 1 *(see instr.)*....... . 0 0
3. Wages subject to contribution *(subtract line 2 from line 1)* 0 0
4. UI contributions due
   Enter your UI rate ☐ . ☐ %
5. Re-employment service fund *(multiply line 3 × .00075)* ....
6. UI previously underpaid with interest ....
7. Total of lines 4, 5, and 6 ....
8. Enter UI previously overpaid .....
9. **Total UI amounts due** *(if line 7 is greater than line 8, enter difference)* ...
10. Total UI overpaid *(if line 8 is greater than line 7, enter difference and mark box 11 below)** ....
11. Apply to outstanding liabilities and/or refund .... ☐

Part B - Withholding tax (WT) information

12. New York State tax withheld ....
13. New York City tax withheld ....
14. Yonkers tax withheld ....
15. Total tax withheld *(add lines 12, 13, and 14)* ....
16. WT credit from **previous quarter's** return *(see instr.)* ......
17. Form NYS-1 payments made for quarter ....
18. Total payments *(add lines 16 and 17)* ....
19. **Total WT amount due** *(if line 15 is greater than line 18, enter difference)* ...
20. Total WT overpaid *(if line 18 is greater than line 15, enter difference here and mark an **X** in 20a **or** 20b)** ...

20a. Apply to outstanding liabilities and/or refund ...... ☐ **or** 20b. Credit to next quarter withholding tax .... ☐

21. **Total payment due** *(add lines **9** and **19**; make one remittance payable to* **NYS Employment Contributions and Taxes**) ....

*** An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.**

Complete Parts D and E on back of form, if required.

Part C – Employee wage and withholding information

Quarterly employee/payee wage reporting and withholding information
(If more than five employees or if reporting other wages, ***do not*** *make entries in this section; complete Form NYS-45-ATT.*
Do not *use negative numbers; see instructions.)*

a Social Security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution *(see instructions)*	e Total NYS, NYC, and Yonkers tax withheld
		.		
		.		
		.		
		.		
		.		
Totals *(column c must equal remuneration on line 1; see instructions for exceptions)*		.		

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

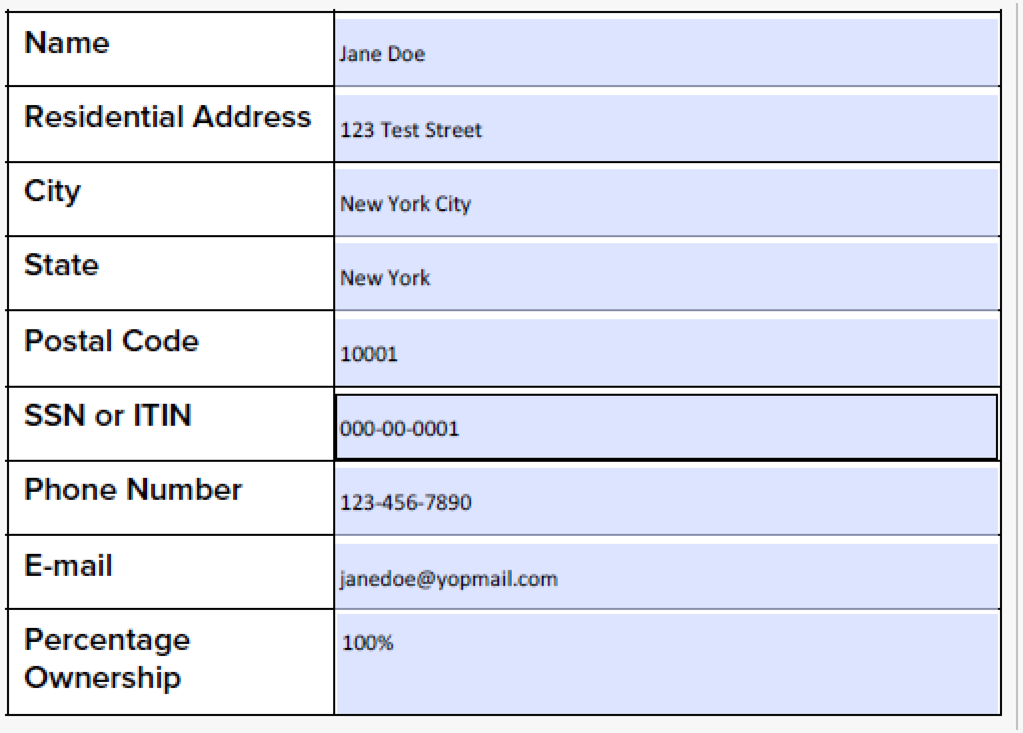
Signature *(see instructions)* | Signer's name *(please print)* | Title

Date | Telephone number

[illegible]

[illegible]

[illegible]



Name	Jane Doe
Residential Address	123 Test Street
City	New York City
State	New York
Postal Code	10001
SSN or ITIN	000-00-0001
Phone Number	123-456-7890
E-mail	janedoe@yopmail.com
Percentage Ownership	100%

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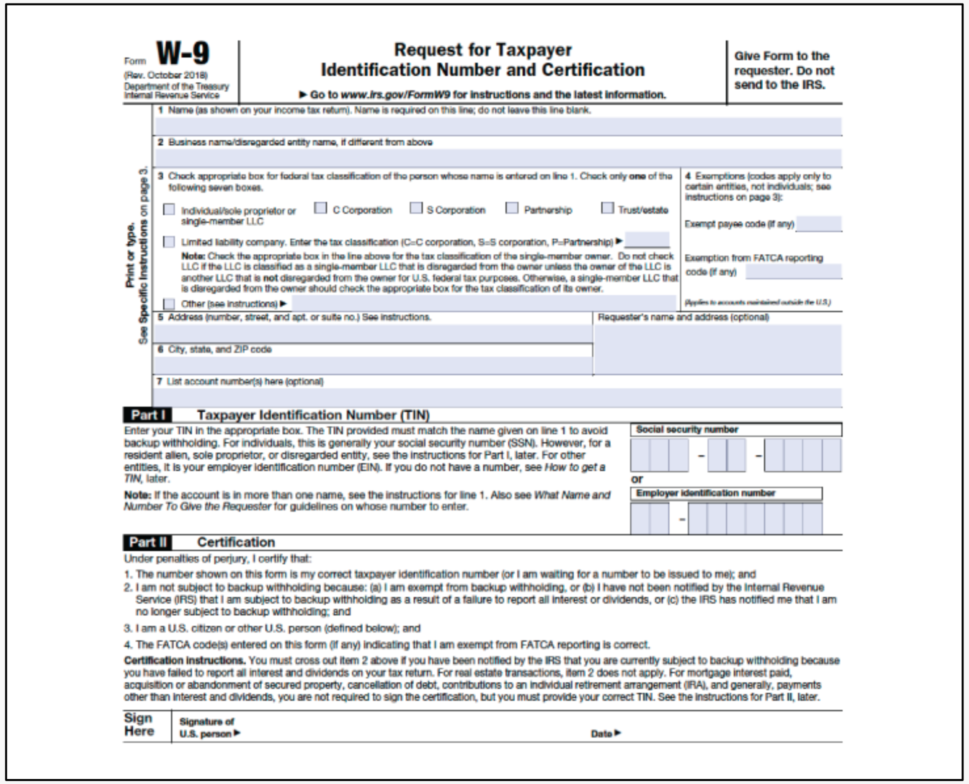
W-9



Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

– –

or

Employer identification number

–

Part II **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person ▶** **Date ▶**

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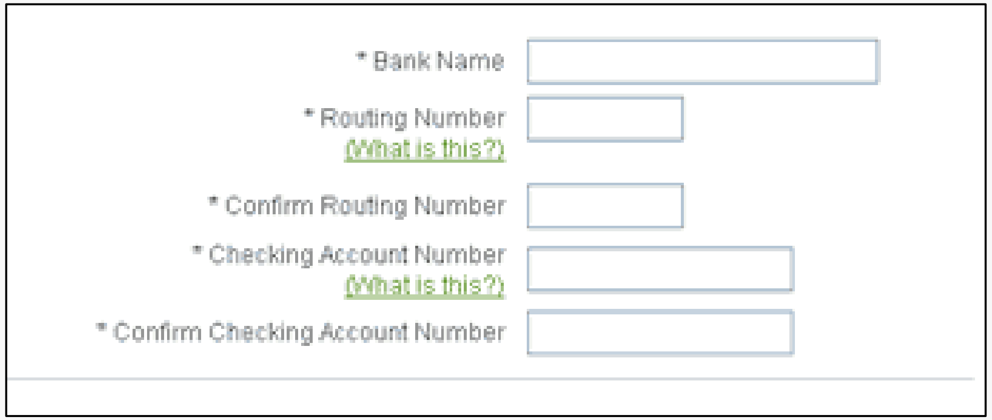

* Bank Name

* Routing Number
(What is this?)

* Confirm Routing Number

* Checking Account Number
(What is this?)

* Confirm Checking Account Number

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NEW YORK STATE OF OPPORTUNITY | Empire State Development

Powered by lendistry

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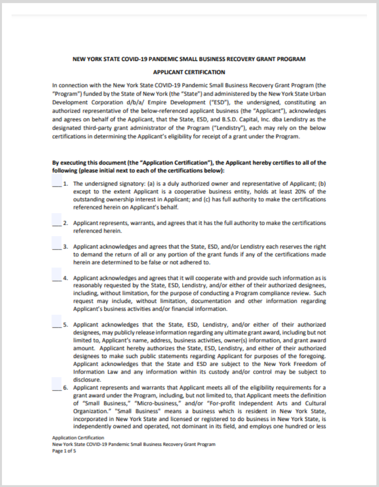

NEW YORK STATE COVID-19 PANDEMIC SMALL BUSINESS RECOVERY GRANT PROGRAM

APPLICANT CERTIFICATION

In connection with the New York State COVID-19 Pandemic Small Business Recovery Grant Program (the "Program") funded by the State of New York (the "State") and administered by the New York State Urban Development Corporation d/b/a/ Empire Development ("ESD"), the undersigned, constituting an authorized representative of the below-referenced applicant business (the "Applicant"), acknowledges and agrees on behalf of the Applicant, that the State, ESD, and B.S.D. Capital, Inc. dba Lendistry as the designated third-party grant administrator of the Program ("Lendistry"), each may rely on the below certifications in determining the Applicant's eligibility for receipt of a grant under the Program.

By executing this document (the "Application Certification"), the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

___ 1. The undersigned signatory: (a) is a duly authorized owner and representative of Applicant; (b) except to the extent Applicant is a cooperative business entity, holds at least 20% of the outstanding ownership interest in Applicant; and (c) has full authority to make the certifications referenced herein on Applicant's behalf.

___ 2. Applicant represents, warrants, and agrees that it has the full authority to make the certifications referenced herein.

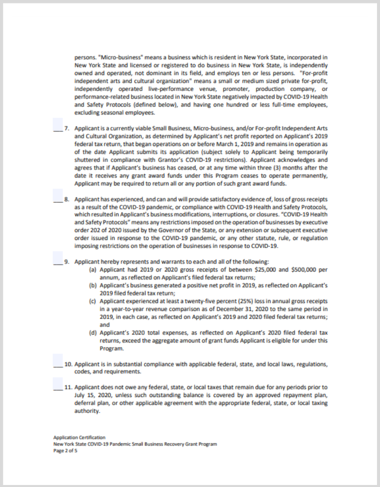
___ 3. Applicant acknowledges and agrees that the State, ESD, and/or Lendistry each reserves the right to demand the return of all or any portion of the grant funds if any of the certifications made herein are determined to be false or not adhered to.

___ 4. Applicant acknowledges and agrees that it will cooperate with and provide such information as is reasonably requested by the State, ESD, Lendistry, and/or either of their authorized designees, including, without limitation, for the purpose of conducting a Program compliance review. Such request may include, without limitation, documentation and other information regarding Applicant's business activities and/or financial information.

___ 5. Applicant acknowledges that the State, ESD, Lendistry, and/or either of their authorized designees, may publicly release information regarding any ultimate grant award, including but not limited to, Applicant's name, address, business activities, owner(s) information, and grant award amount. Applicant hereby authorizes the State, ESD, Lendistry, and either of their authorized designees to make such public statements regarding Applicant for purposes of the foregoing. Applicant acknowledges that the State and ESD are subject to the New York Freedom of Information Law and any information within its custody and/or control may be subject to disclosure.

___ 6. Applicant represents and warrants that Applicant meets all of the eligibility requirements for a grant award under the Program, including, but not limited to, that Applicant meets the definition of "Small Business," "Micro-business," and/or "For-profit Independent Arts and Cultural Organization." "Small Business" means a business which is resident in New York State, incorporated in New York State and licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and employs one hundred or less

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 1 of 5


persons. "Micro-business" means a business which is resident in New York State, incorporated in New York State and licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and employs ten or less persons. "For-profit independent arts and cultural organization" means a small or medium sized private for-profit, independently operated live-performance venue, promoter, production company, or performance-related business located in New York State negatively impacted by COVID-19 Health and Safety Protocols (defined below), and having one hundred or less full-time employees, excluding seasonal employees.

___ 7. Applicant is a currently viable Small Business, Micro-business, and/or For-profit Independent Arts and Cultural Organization, as determined by Applicant's net profit reported on Applicant's 2019 federal tax return, that began operations on or before March 1, 2019 and remains in operation as of the date Applicant submits its application (subject solely to Applicant being temporarily shuttered in compliance with Grantor's COVID-19 restrictions). Applicant acknowledges and agrees that if Applicant's business has ceased, or at any time within three (3) months after the date it receives any grant award funds under this Program ceases to operate permanently, Applicant may be required to return all or any portion of such grant award funds.

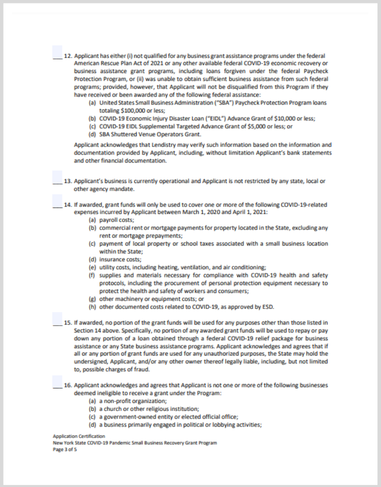
___ 8. Applicant has experienced, and can and will provide satisfactory evidence of, loss of gross receipts as a result of the COVID-19 pandemic, or compliance with COVID-19 Health and Safety Protocols, which resulted in Applicant's business modifications, interruptions, or closures. "COVID-19 Health and Safety Protocols" means any restrictions imposed on the operation of businesses by executive order 202 of 2020 issued by the Governor of the State, or any extension or subsequent executive order issued in response to the COVID-19 pandemic, or any other statute, rule, or regulation imposing restrictions on the operation of businesses in response to COVID-19.

___ 9. Applicant hereby represents and warrants to each and all of the following:
   (a) Applicant had 2019 or 2020 gross receipts of between $25,000 and $500,000 per annum, as reflected on Applicant's filed federal tax returns;
   (b) Applicant's business generated a positive net profit in 2019, as reflected on Applicant's 2019 filed federal tax return;
   (c) Applicant experienced at least a twenty-five percent (25%) loss in annual gross receipts in a year-to-year revenue comparison as of December 31, 2020 to the same period in 2019, in each case, as reflected on Applicant's 2019 and 2020 filed federal tax returns; and
   (d) Applicant's 2020 total expenses, as reflected on Applicant's 2020 filed federal tax returns, exceed the aggregate amount of grant funds Applicant is eligible for under this Program.

___ 10. Applicant is in substantial compliance with applicable federal, state, and local laws, regulations, codes, and requirements.

___ 11. Applicant does not owe any federal, state, or local taxes that remain due for any periods prior to July 15, 2020, unless such outstanding balance is covered by an approved repayment plan, deferral plan, or other applicable agreement with the appropriate federal, state, or local taxing authority.

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 2 of 5


___ 12. Applicant has either (i) not qualified for any business grant assistance programs under the federal American Rescue Plan Act of 2021 or any other available federal COVID-19 economic recovery or business assistance grant programs, including loans forgiven under the federal Paycheck Protection Program, or (ii) was unable to obtain sufficient business assistance from such federal programs; provided, however, that Applicant will not be disqualified from this Program if they have received or been awarded any of the following federal assistance:
   (a) United States Small Business Administration ("SBA") Paycheck Protection Program loans totaling $100,000 or less;
   (b) COVID-19 Economic Injury Disaster Loan ("EIDL") Advance Grant of $10,000 or less;
   (c) COVID-19 EIDL Supplemental Targeted Advance Grant of $5,000 or less; or
   (d) SBA Shuttered Venue Operators Grant.

Applicant acknowledges that Lendistry may verify such information based on the information and documentation provided by Applicant, including, without limitation Applicant's bank statements and other financial documentation.

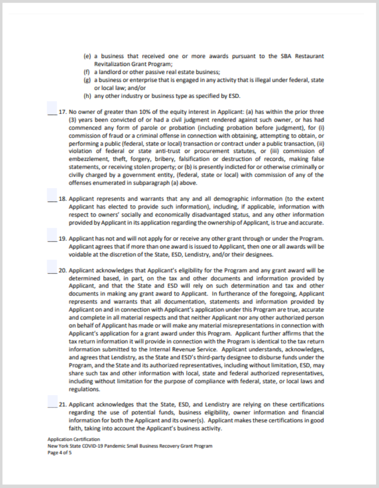
___ 13. Applicant's business is currently operational and Applicant is not restricted by any state, local or other agency mandate.

___ 14. If awarded, grant funds will only be used to cover one or more of the following COVID-19-related expenses incurred by Applicant between March 1, 2020 and April 1, 2021:
   (a) payroll costs;
   (b) commercial rent or mortgage payments for property located in the State, excluding any rent or mortgage prepayments;
   (c) payment of local property or school taxes associated with a small business location within the State;
   (d) insurance costs;
   (e) utility costs, including heating, ventilation, and air conditioning;
   (f) supplies and materials necessary for compliance with COVID-19 health and safety protocols, including the procurement of personal protection equipment necessary to protect the health and safety of workers and consumers;
   (g) other machinery or equipment costs; or
   (h) other documented costs related to COVID-19, as approved by ESD.

___ 15. If awarded, no portion of the grant funds will be used for any purposes other than those listed in Section 14 above. Specifically, no portion of any awarded grant funds will be used to repay or pay down any portion of a loan obtained through a federal COVID-19 relief package for business assistance or any State business assistance programs. Applicant acknowledges and agrees that if all or any portion of grant funds are used for any unauthorized purposes, the State may hold the undersigned, Applicant, and/or any other owner thereof legally liable, including, but not limited to, possible charges of fraud.

___ 16. Applicant acknowledges and agrees that Applicant is not one or more of the following businesses deemed ineligible to receive a grant under the Program:
   (a) a non-profit organization;
   (b) a church or other religious institution;
   (c) a government-owned entity or elected official office;
   (d) a business primarily engaged in political or lobbying activities;

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 3 of 5


   (e) a business that received one or more awards pursuant to the SBA Restaurant Revitalization Grant Program;
   (f) a landlord or other passive real estate business;
   (g) a business or enterprise that is engaged in any activity that is illegal under federal, state or local law; and/or
   (h) any other industry or business type as specified by ESD.

___ 17. No owner of greater than 10% of the equity interest in Applicant: (a) has within the prior three (3) years been convicted of or had a civil judgment rendered against such owner, or has had commenced any form of parole or probation (including probation before judgment), for (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, (ii) violation of federal or state anti-trust or procurement statutes, or (iii) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (b) is presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in subparagraph (a) above.

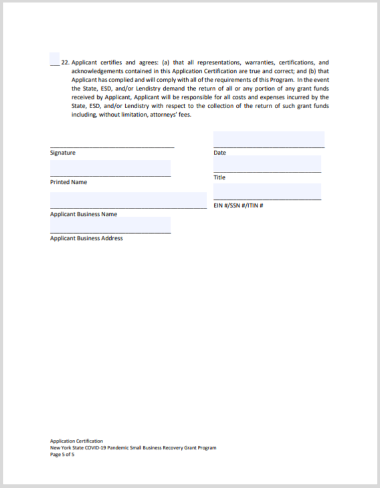
___ 18. Applicant represents and warrants that any and all demographic information (to the extent Applicant has elected to provide such information), including, if applicable, information with respect to owners' socially and economically disadvantaged status, and any other information provided by Applicant in its application regarding the ownership of Applicant, is true and accurate.

___ 19. Applicant has not and will not apply for or receive any other grant through or under the Program. Applicant agrees that if more than one award is issued to Applicant, then one or all awards will be voidable at the discretion of the State, ESD, Lendistry, and/or their designees.

___ 20. Applicant acknowledges that Applicant's eligibility for the Program and any grant award will be determined based, in part, on the tax and other documents and information provided by Applicant, and that the State and ESD will rely on such determination and tax and other documents in making any grant award to Applicant. In furtherance of the foregoing, Applicant represents and warrants that all documentation, statements and information provided by Applicant on and in connection with Applicant's application under this Program are true, accurate and complete in all material respects and that neither Applicant nor any other authorized person on behalf of Applicant has made or will make any material misrepresentations in connection with Applicant's application for a grant award under this Program. Applicant further affirms that the tax return information it will provide in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. Applicant understands, acknowledges, and agrees that Lendistry, as the State and ESD's third-party designee to disburse funds under the Program, and the State and its authorized representatives, including without limitation, ESD, may share such tax and other information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

___ 21. Applicant acknowledges that the State, ESD, and Lendistry are relying on these certifications regarding the use of potential funds, business eligibility, owner information and financial information for both the Applicant and its owner(s). Applicant makes these certifications in good faith, taking into account the Applicant's business activity.

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 4 of 5


___ 22. Applicant certifies and agrees: (a) that all representations, warranties, certifications, and acknowledgements contained in this Application Certification are true and correct; and (b) that Applicant has complied and will comply with all of the requirements of this Program. In the event the State, ESD, and/or Lendistry demand the return of all or any portion of any grant funds received by Applicant, Applicant will be responsible for all costs and expenses incurred by the State, ESD, and/or Lendistry with respect to the collection of the return of such grant funds including, without limitation, attorneys' fees.

________________ Signature
________________ Date
________________ Printed Name
________________ Title
________________ Applicant Business Name
________________ EIN #/SSN #/ITIN #
________________ Applicant Business Address

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 5 of 5

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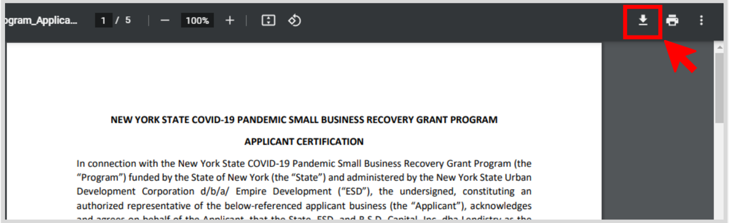
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NEW YORK STATE COVID-19 PANDEMIC SMALL BUSINESS RECOVERY GRANT PROGRAM

APPLICANT CERTIFICATION

In connection with the New York State COVID-19 Pandemic Small Business Recovery Grant Program (the "Program") funded by the State of New York (the "State") and administered by the New York State Urban Development Corporation d/b/a/ Empire State Development ("ESD"), the undersigned, constituting an authorized representative of the below-referenced applicant business (the "Applicant"), acknowledges

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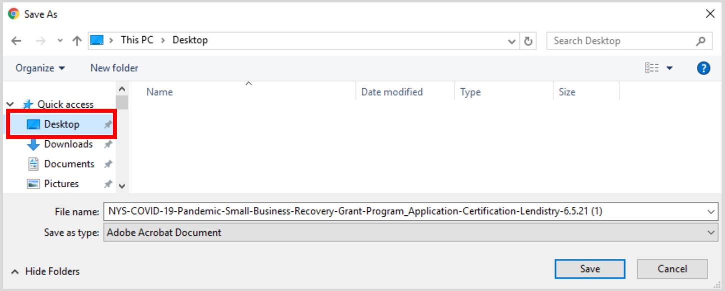
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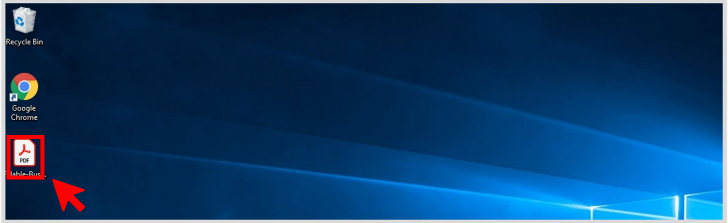
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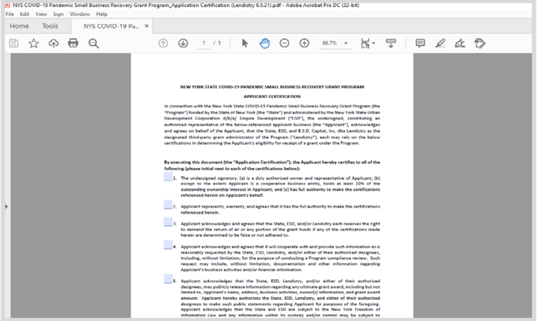
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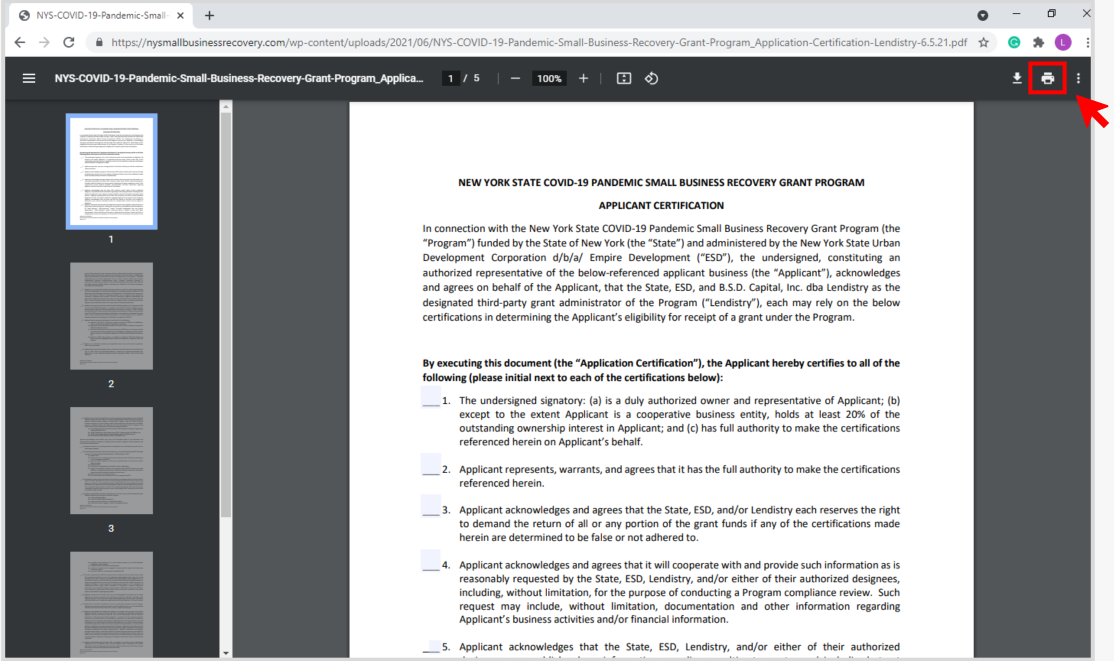

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NEW YORK STATE COVID-19 PANDEMIC SMALL BUSINESS RECOVERY GRANT PROGRAM

APPLICANT CERTIFICATION

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By executing this document (the "Application Certification"), the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

___1. The undersigned signatory: (a) is a duly authorized owner and representative of Applicant; (b) except to the extent Applicant is a cooperative business entity, holds at least 20% of the outstanding ownership interest in Applicant; and (c) has full authority to make the certifications referenced herein on Applicant's behalf.

___2. Applicant represents, warrants, and agrees that it has the full authority to make the certifications referenced herein.

___3. Applicant acknowledges and agrees that the State, ESD, and/or Lendistry each reserves the right to demand the return of all or any portion of the grant funds if any of the certifications made herein are determined to be false or not adhered to.

___4. Applicant acknowledges and agrees that it will cooperate with and provide such information as is reasonably requested by the State, ESD, Lendistry, and/or either of their authorized designees, including, without limitation, for the purpose of conducting a Program compliance review. Such request may include, without limitation, documentation and other information regarding Applicant's business activities and/or financial information.

___5. Applicant acknowledges that the State, ESD, Lendistry, and/or either of their authorized

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| ÞĦΨø " ¯ Ðø Ψ Ψ ½§ "
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™ěá° "#2: Google Chrome ¯ I"¡ œ™Σ "¯ Ðµ

निर्देश

¹ Ψ° Ð'¡ œ™Σ ¯ ° Iž{ øėÞ"¯ Ψ ½§-"¯ ĝe™I"œÐ⁄\'| ÞIΨø"# 7 ™I"¯ Ψı ŦÐIø" Google Chrome ¯ I"¡ œ™Σ "¯ Ðµ"

{ ò™"ÞΨ"¹ I¡ ÁÐ'°µIÐΨ}'ÆÐ̀ Ψ "¯ I"¦ µæø"ø"¬K'¯ Ðµ‹ Ð| œ̄ Ö ¤ěõ½¯ Ψ¼ø"µµ¢ėÆ™I'E¡ ñœòø"¯ Ð'¦ ¯ ° Ψ ξ

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1. ¯ Ω¼"µΨÐ⁄\'¯ Σ¦ Iß"¯ Ðµ'¯ Ω¼" ¯ ™I"˙ ™I"ŁΨ"Þ°"¸ Iø¯ IÐ⁄\'°Σ K'°Ω ¸ Σ'œ̨žµµ¡ œ™Σ "¯ Ö˙ ~"ÞΨ¹¦ I}Æ'™I"¤ěõ½¯ Ψ¼ø"¦ ΨŦÆΣÐ'¯ Ö¸ I° K' °Ω Ð'#Iæµ¯ "ůœ'¦ Ψ| œ̄ Ö¸ Iø¯ IÐ⁄\'¯ Σ' ÆΣœƟ™ė½Æ'¯ Ð̄ Ψ ¹ I¡ ěÁ'E"# 7 ™I"µµ° ΨK'½IøΨ̄ Ψ ½§"¡ œ™Σ "¯ Ö¸ I° K'°Ω'° æI œ" ¯ Ω¼" ¯ §"˙ §"ŁΨ"µµœėIøK'¸ Iø¯ IÐΛ"¸ ΩΨ¯ -"œėIøΨœ¦ ÞŁž™I" | œ̄ ΨÏ ÞIÐ"œ̊½Ψ—½°"ı¸ ž¯ Ö˙ ~"¸ Iø¯ IÐ⁄\'¬K'¦ ěüµ ½°"°Σ ¦ ¯ ° K'°Ω'™°"| œ̄ Ψ| ÞIΨø"µµ¢ėÆ™I'E¡ ñœòø"¯ Ð'¦ ¯ ° I"°Ω Ð' }¦ ¯ Ψ¯ IÐŒ"¦ 'E I Þ°"ł Σ Ił ÃK'¯ Ψ ½§"3½Ω" ¯ ™I"¸ I"¦ ¯ ° I"°Ω
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3. { œøΨœƟe{ œ'ú½Π Ð'¯ Σ'{ þµ"¯ Ðµ °µIÐ⁄\'¤ěõ½¯ Ψ¼ø"µµ¯ ~"œƟe { œ'¦ 'EΨ¼"¦ ěüµ ½°"°ξě¸ ø¯ I"¡ œ™Σ "| œ̄ ΨÏ ÞIÐ"#ı Iø"¯ Ö˙ ~" ¸ Iø¯ IÐ⁄\'¯ Ö¦ ÆΛ ° I"¯ ÖœĕĦÆ'¯ ÐøΨ̄ Ψ ½§" ¯ ™I"¸ I° I"°Ω'| œ̄ Σ' ™°"¦ 'EΨ¼"ıΨøΨ̄ Ψ ½§"Google Chrome œÐ' œƟe{ œ'ú½Π Ð'¯ Σ { þµ"¯ ÐøI"°Σ I_

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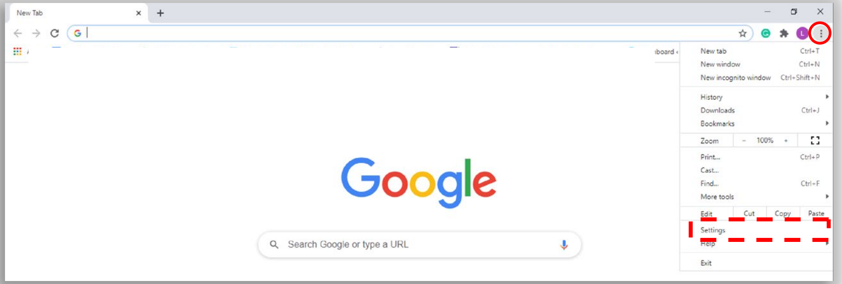
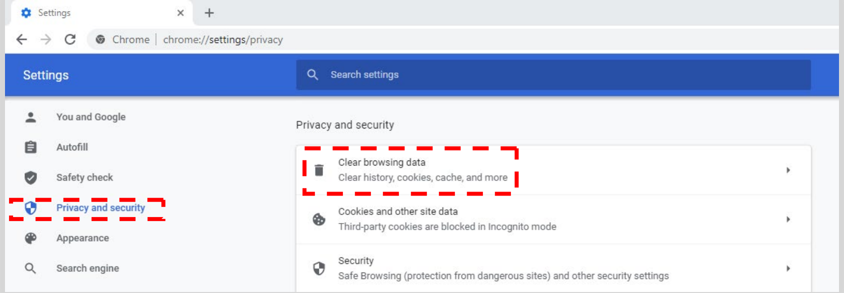
निर्देश

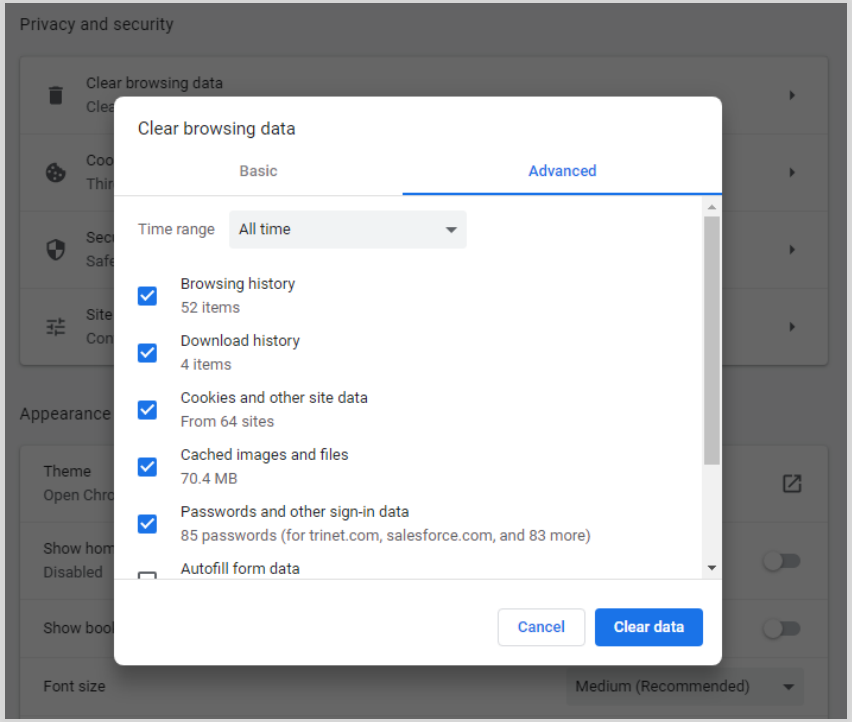
1. ¢ œÐ/\'ı lк"¯ ϫΨµ ĺº Кø"ď iĔė 'ĔœÐ' ểá½¯ "¯ Ðµ'‹ Ð' ß Ð'$¦ ѰÆ¦ $" œÐ'¸ l§Á


New Tab
Google
Search Google or type a URL
New tab
New window
New incognito window
History
Downloads
Bookmarks
Zoom
Print...
Cast...
Find...
More tools
Edit
Cut
Copy
Paste
Settings
Help
Exit

2. Ủ#l} ÞΨК'§ÞĔ¦ á™ễÐÆŨ'œÐ'¸ l§-"‹ Ð' ß Ð'Ủ l¡ ěÁ'Ė"ŁЯ"¯ Σ¦ lß "¯ ÐŨ'¸ ϕµ


Settings
Chrome | chrome://settings/privacy
Settings
Search settings
You and Google
Autofill
Safety check
Privacy and security
Appearance
Search engine
Privacy and security
Clear browsing data
Clear history, cookies, cache, and more
Cookies and other site data
Third-party cookies are blocked in Incognito mode
Security
Safe Browsing (protection from dangerous sites) and other security settings

3. ỦŁЯ"¦ lß "¯ ÐŨ'¯ Σ¸ ϕµ


Privacy and security
Appearance
Theme
Show home
Disabled
Show bookmarks
Font size
Medium (Recommended)
Basic
Advanced
Cancel
Clear data

Clear browsing data

Time range: All time

☑ Browsing history
52 items

☑ Download history
4 items

☑ Cookies and other site data
From 64 sites

☑ Cached images and files
70.4 MB

☑ Passwords and other sign-in data
85 passwords (for trinet.com, salesforce.com, and 83 more)

☐ Autofill form data

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निर्देश

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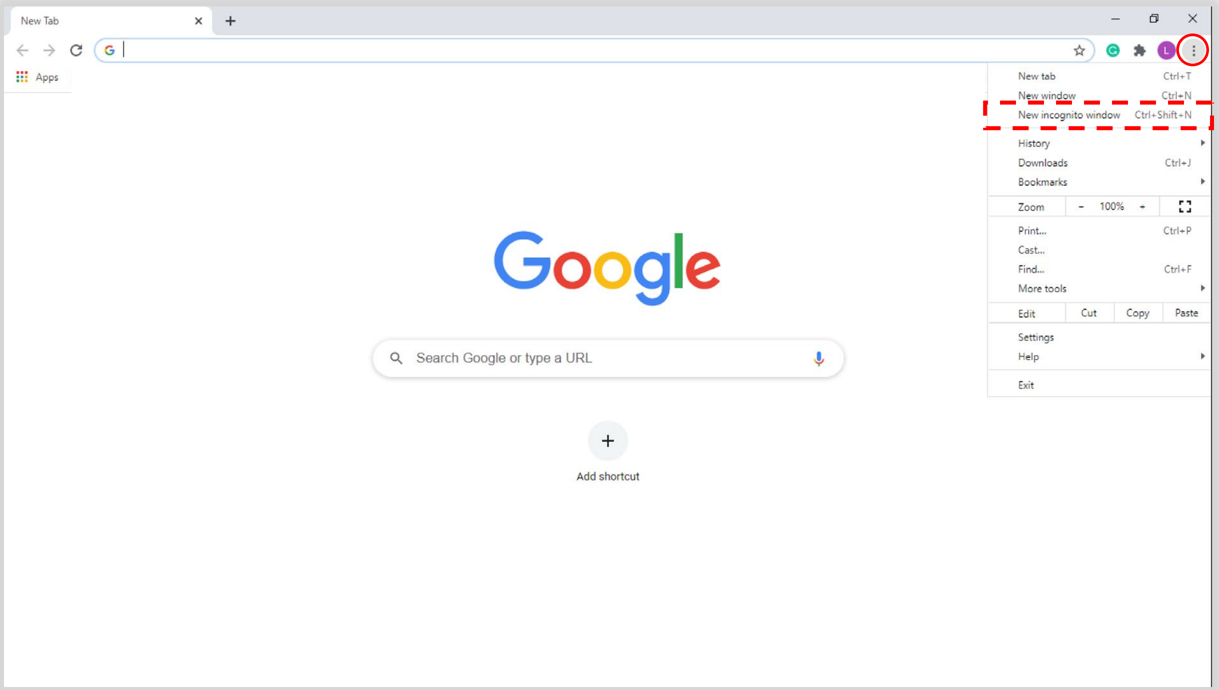
New Tab
Apps
Google
Search Google or type a URL
Add shortcut
New tab Ctrl+T
New window Ctrl+N
New incognito window Ctrl+Shift+N
History
Downloads Ctrl+J
Bookmarks
Zoom − 100% +
Print... Ctrl+P
Cast...
Find... Ctrl+F
More tools
Edit Cut Copy Paste
Settings
Help
Exit

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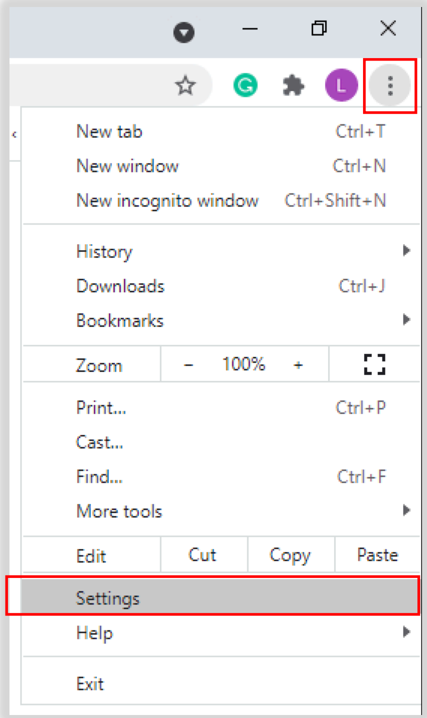
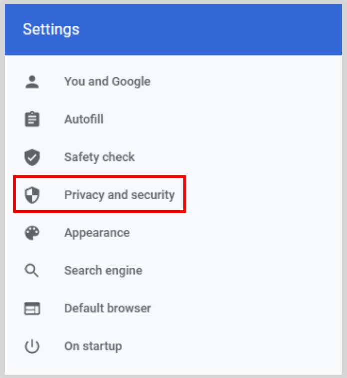
निर्देश

1. Google Chrome œÐ-"¢ œÐ\'ı l™µ¯ Σø Ψ µ Ǘ° Ķø"ď lĖė ŦœÐ' ĕá ½¯ "¯ Ðµ'‹ Ð' ß Ð' Ủ ŧÆĘ¦ Ữ ¸ ø µ



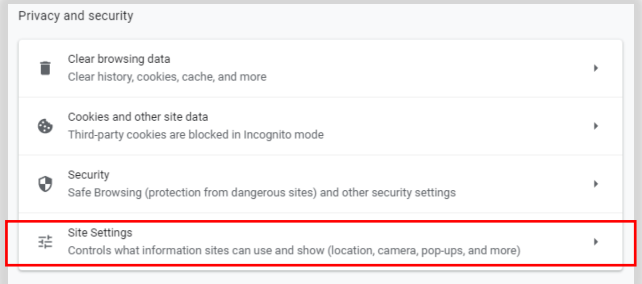
New tab Ctrl+T
New window Ctrl+N
New incognito window Ctrl+Shift+N
History
Downloads Ctrl+J
Bookmarks
Zoom – 100% +
Print... Ctrl+P
Cast...
Find... Ctrl+F
More tools
Edit Cut Copy Paste
Settings
Help
Exit

2. Ủ Σœø K™° l"‹ Ð'¦ Ðþ lỮ¯ Σ ¸ ø µ



Settings
You and Google
Autofill
Safety check
Privacy and security
Appearance
Search engine
Default browser
On startup

3. Ủ l} Æ'¦ ŧÆĘ¦ Ữ¯ Σ ¸ ø µ


Privacy and security

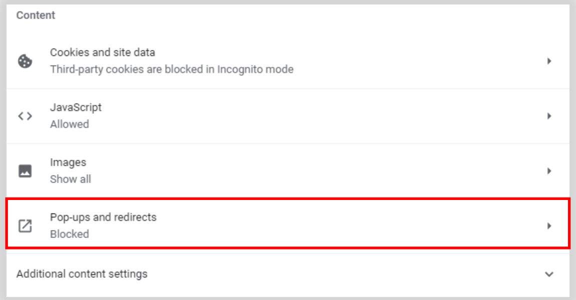
Clear browsing data
Clear history, cookies, cache, and more

Cookies and other site data
Third-party cookies are blocked in Incognito mode

Security
Safe Browsing (protection from dangerous sites) and other security settings

Site Settings
Controls what information sites can use and show (location, camera, pop-ups, and more)

4. Ủœ Œ{ œ'‹ Ð'‹ Ð'ÐŁl™ÐΨ Γ¦ Ữ¯ Σ ¸ ø µ


Content

Cookies and site data
Third-party cookies are blocked in Incognito mode

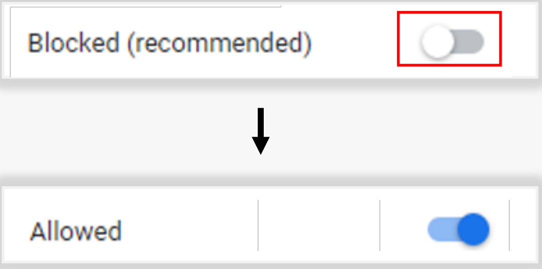
JavaScript
Allowed

Images
Show all

Pop-ups and redirects
Blocked

Additional content settings

5. ¹ Æø"œÐ' ĕá ½¯ "¯ Ðµě ¦ ¦ Ψ™° "ø K½l °Σ ¸ l§"‹ Ð'}¦ ¯ l"ŦÆŒ "Ủ½ ĪáŁỮ¦ Ψ Ủ ½l¡ ŁỮ œÐ' œÐþě ƶ"° Σ ¸ l§


Blocked (recommended)

Allowed

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Android | ŁÌ¡ ø½Ʃ"¯ ÐøΨ Ψ ½§
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Adobe Scan
Apple | ŁÌ¡ ø½Ʃ"¯ ÐøΨ Ψ ½§"
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Android | ŁÌ¡ ø½Ʃ"¯ ÐøΨ Ψ ½§
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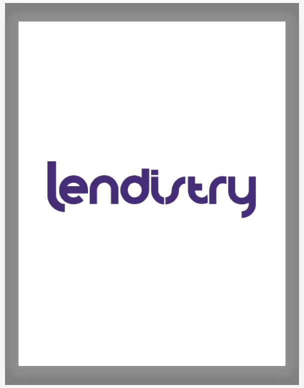

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¤¦ Ψ~.µΨ½"œ Ψ¸ Σ **info@**
¦ Ψ¸ l½ę"° Σ Ψ ξ¡ ı l° ĐŒ: info@mycompany.com

¤¦ Ψ~.µΨ½"œ Ψ¸ Σ **@contact.com** { æÞl" **@noreply.com** œĐ"¦ µlõ "° Σ Ψ
° ξ
¡ ı l° ĐŒ: example@contact.com
¡ ı l° ĐŒ: example@noreply.com

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¯ ĝë™I"°µIÐΨ I'½"¦ ÆÐ"¦ Ψ̧ Ɛ̄ ž'¯ ÐÏ™I"
www.nysmallbusinessrecovery.com œÐ"¸ I§Ɛ̱

| ÞɎø

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Empire State Development

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क्या अपेक्षा करें

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° µ IÐΨœΣÆž½"œÐ"½Π˙ ø"7Ψµ¼™½"#Iõ° "¯ ÐøΨ Ψ
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¦ Ðē ž"¸ Iø¯ IÐ/\ı ¸ ž"¯ Ðµ"§¯ "¹ IÐ"¸ ¹ "| œ"{ œøI"
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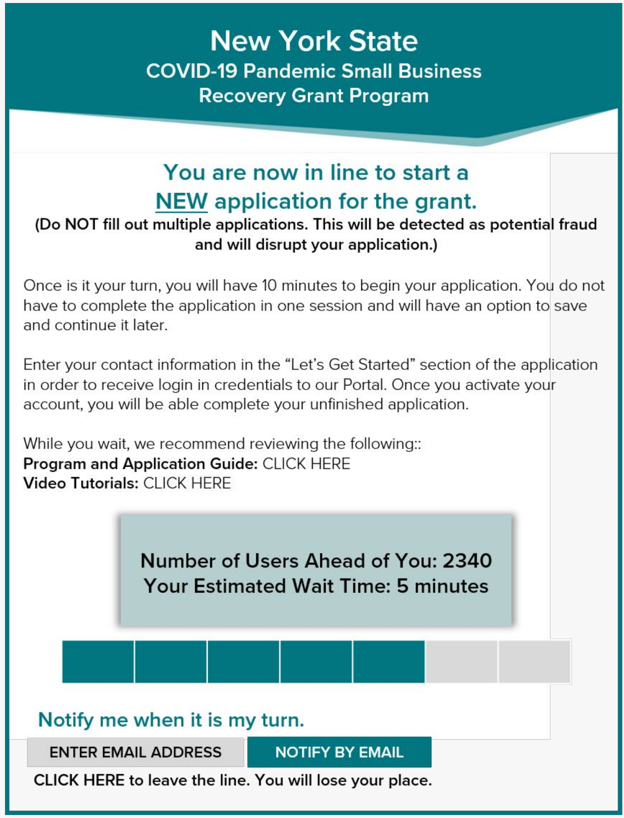

New York State
COVID-19 Pandemic Small Business
Recovery Grant Program

You are now in line to start a
NEW application for the grant.

(Do NOT fill out multiple applications. This will be detected as potential fraud and will disrupt your application.)

Once is it your turn, you will have 10 minutes to begin your application. You do not have to complete the application in one session and will have an option to save and continue it later.

Enter your contact information in the “Let’s Get Started” section of the application in order to receive login in credentials to our Portal. Once you activate your account, you will be able complete your unfinished application.

While you wait, we recommend reviewing the following::
Program and Application Guide: CLICK HERE
Video Tutorials: CLICK HERE

Number of Users Ahead of You: 2340
Your Estimated Wait Time: 5 minutes

Notify me when it is my turn.

CLICK HERE to leave the line. You will lose your place.

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किस जानकारी की आवश्यकता है?

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- ÐΨÐ½"¦ I˘ ΨIÐ')}¦ "Ì ŒŁ"¯Ψ ½§"| œ I"¸™ø"| œ Ψ| ÞΨø"¯ Σ#¬I Þ°" ø°Æ¯ ÐΨI*
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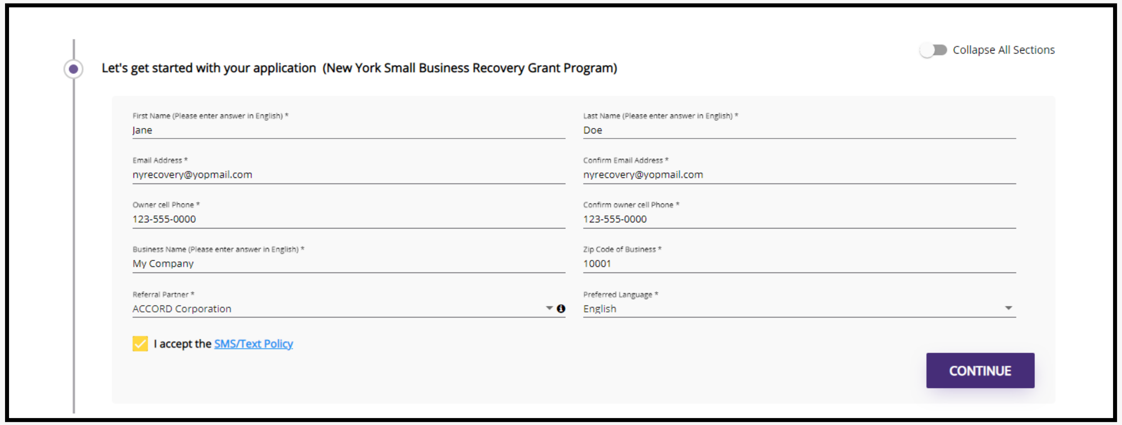
SMS/टेक्स्ट नीति

| œ Ψ{ øėIø"| ÞΨø"¯Ψ ½§"ŦÆΨ "{ œŁΨ"SMS/ÆΨŦÆ"Ï ÞIÐ"¡ œ½ú "°ρ Ψ SMS/ÆΨŦÆ"Ï ÞIÐ"{ œŁΨ"#Iõ° "¯ ÐøΨ Ψ ½§-"¯ ģ™I"#¯ ÆΛ ÐŒ)ŁŦá½ΣÁÐ*"¯ Σ œÇøΨ Ψ¹ Iı "¹ Īá¦ "œÐ'¸Ψ"¯ I"ěø¼Iø"½˙ I¯ Ð'¦ °µě "#ıIø"¯ Ðµ"™ȧ "| œ' }¦ "¦ ėÞI I"¦ Ψ õÆ| ¡Æ¯ ÐøI"¸I°ºΨ ξ'° Σ¹ Īá¦ "¯ Σď øI"¸Ψ ¯Ψěø¼Iø"¯Ψ ˝ ΣÃ"ıµ

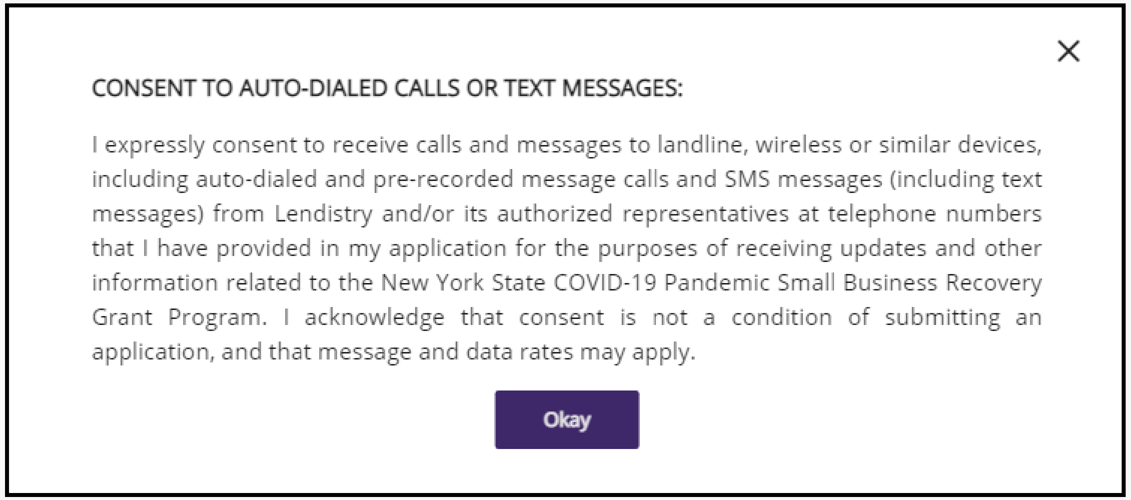

Collapse All Sections

Let's get started with your application (New York Small Business Recovery Grant Program)

First Name (Please enter answer in English) *: Jane
Last Name (Please enter answer in English) *: Doe
Email Address *: nyrecovery@yopmail.com
Confirm Email Address *: nyrecovery@yopmail.com
Owner cell Phone *: 123-555-0000
Confirm owner cell Phone *: 123-555-0000
Business Name (Please enter answer in English) *: My Company
Zip Code of Business *: 10001
Referral Partner *: ACCORD Corporation
Preferred Language *: English

☑ I accept the SMS/Text Policy

' ÆΣŁI™½"¯ I'½"™I"ÆΨŦÆ"¦ ÈΨρ"¯Ψ ½§"¦ °µě ;"


CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES:

I expressly consent to receive calls and messages to landline, wireless or similar devices, including auto-dialed and pre-recorded message calls and SMS messages (including text messages) from Lendistry and/or its authorized representatives at telephone numbers that I have provided in my application for the purposes of receiving updates and other information related to the New York State COVID-19 Pandemic Small Business Recovery Grant Program. I acknowledge that consent is not a condition of submitting an application, and that message and data rates may apply.

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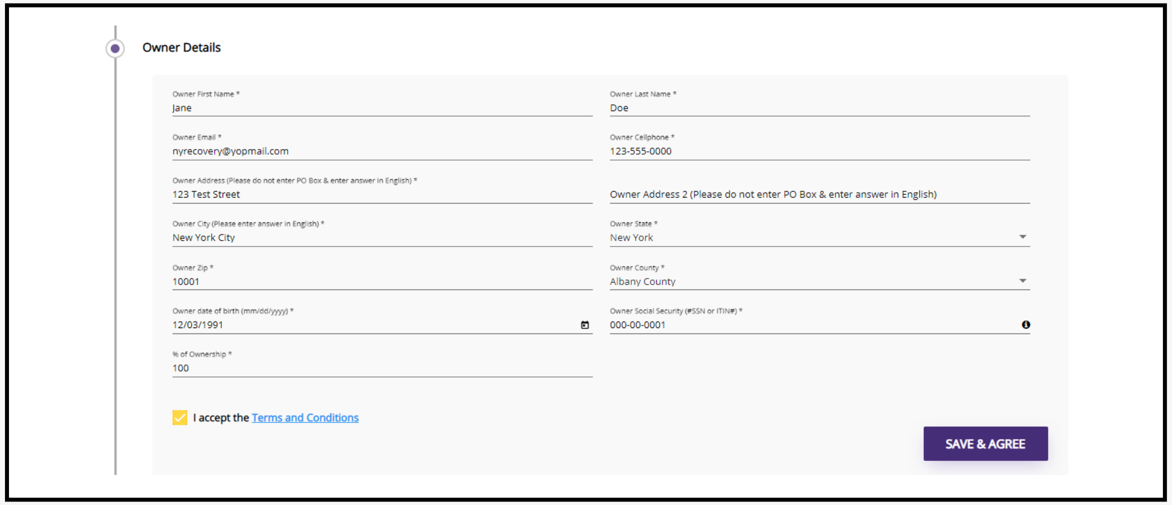

Owner Details

Owner First Name *
Jane

Owner Last Name *
Doe

Owner Email *
nyrecovery@yopmail.com

Owner Cellphone *
123-555-0000

Owner Address (Please do not enter PO Box & enter answer in English) *
123 Test Street

Owner Address 2 (Please do not enter PO Box & enter answer in English)

Owner City (Please enter answer in English) *
New York City

Owner State *
New York

Owner Zip *
10001

Owner County *
Albany County

Owner date of birth (mm/dd/yyyy) *
12/03/1991

Owner Social Security (#SSN or ITIN#) *
000-00-0001

% of Ownership *
100

☑ I accept the Terms and Conditions

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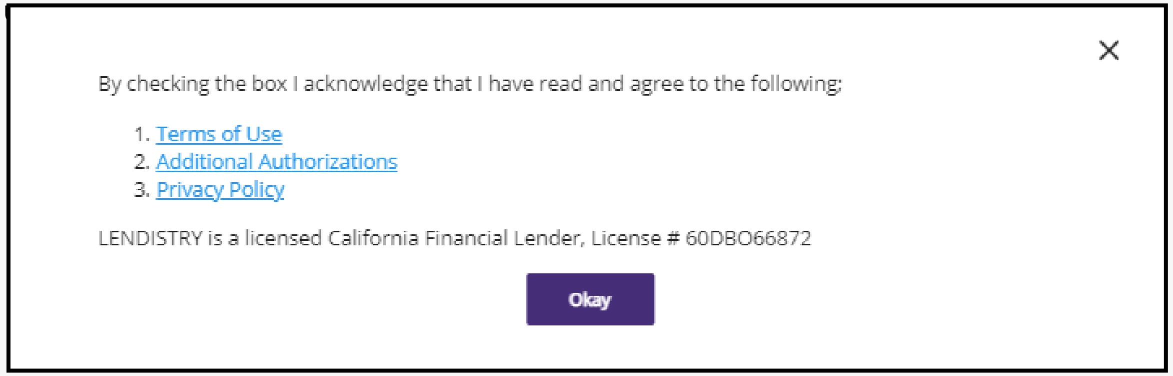

By checking the box I acknowledge that I have read and agree to the following:

1. Terms of Use
2. Additional Authorizations
3. Privacy Policy

LENDISTRY is a licensed California Financial Lender, License # 60DBO66872

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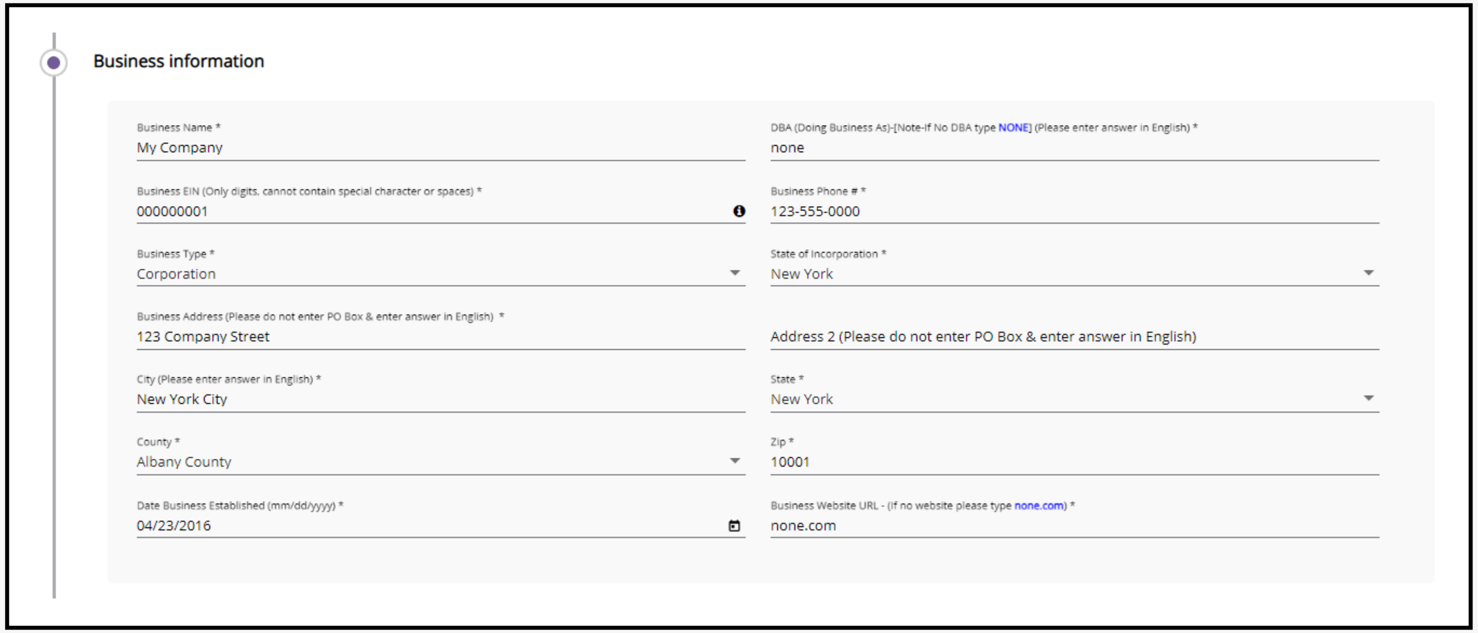

Business information

Business Name *
My Company

DBA (Doing Business As)-[Note-If No DBA type NONE] (Please enter answer in English) *
none

Business EIN (Only digits, cannot contain special character or spaces) *
000000001

Business Phone # *
123-555-0000

Business Type *
Corporation

State of Incorporation *
New York

Business Address (Please do not enter PO Box & enter answer in English) *
123 Company Street

Address 2 (Please do not enter PO Box & enter answer in English)

City (Please enter answer in English) *
New York City

State *
New York

County *
Albany County

Zip *
10001

Date Business Established (mm/dd/yyyy) *
04/23/2016

Business Website URL - (If no website please type none.com) *
none.com

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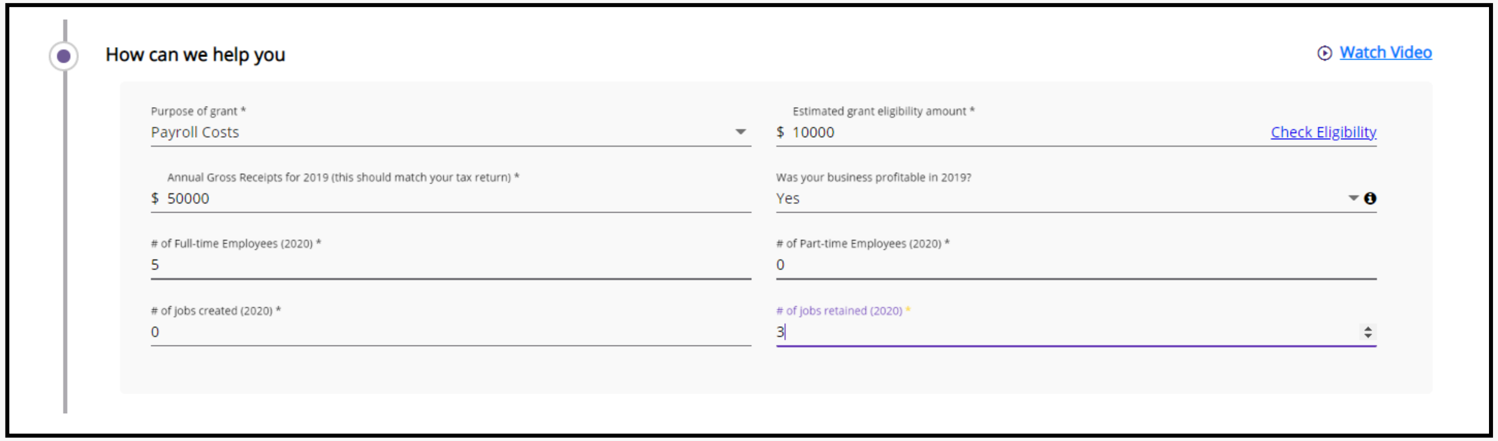

How can we help you

Purpose of grant *: Payroll Costs

Estimated grant eligibility amount *: $ 10000

Annual Gross Receipts for 2019 (this should match your tax return) *: $ 50000

Was your business profitable in 2019?: Yes

# of Full-time Employees (2020) *: 5

# of Part-time Employees (2020) *: 0

# of jobs created (2020) *: 0

# of jobs retained (2020) *: 3

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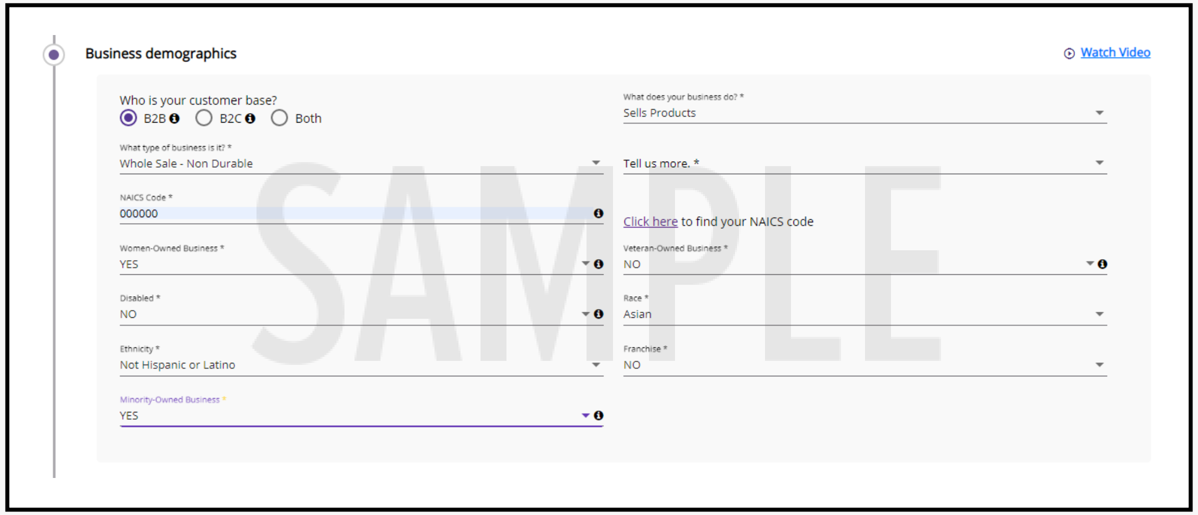

Business demographics

Who is your customer base?
● B2B ○ B2C ○ Both

What does your business do? *
Sells Products

What type of business is it? *
Whole Sale - Non Durable

Tell us more. *

NAICS Code *
000000

Click here to find your NAICS code

Women-Owned Business *
YES

Veteran-Owned Business *
NO

Disabled *
NO

Race *
Asian

Ethnicity *
Not Hispanic or Latino

Franchise *
NO

Minority-Owned Business *
YES

SAMPLE

*NAICS ¯ ΣŁ" ¦ ŦÆµ"¯ l"¡ œ™Σ "¦ 'EK™"¦ lẽâ ™¯ Ʊ§¸ Ψø¦ ™ρ'Ï ÞlÐ"{ µΨÐ O{ æÐ™ÞŦæl"¦ Ψ ¦ 'EŁ ° "¦ lẽâ ™¯ Ʊ™"ŁΨ"§¯ ¢"¯ ÐøΨ ÞŊ½ΨŒ"¯ ÐøΨ Ð'#¯ l¼°"¯ ÐøΨ Ψ ½§"¯ ™l"¸ l° l"°Ω

NAICS §¯ "ŦÞ.ěøȧ ƵÆ'#Œl½Λ'°Ω¯ Σ~"¬K'| œ̄ Σ'NAICS ¯ ΣŁ"ěøȧ ƵÆ'ø°ÆÐº l"°Ω' }¦ ¯ l"{ æž™°"°Σ l"°Ω¯ "§¯ "¯'Eœø K'¡ ¦ "¯ ΣŁ"¯ Σ'¸ ø°K'°Ω Σ'¡ ø¯ Ψ#læµ¯ "Ð™lÞ¦ lĕ™¯ " 7™l¯ ½lœ'¯ l"¦ ÞķĶµ"ůœ'¦ ΨÞŒø"¯ Ðº l"°Ω Ð' ßÐ'¡ ø¯ Ψ¯ ΣŁ"¯ Ψ ½§"œęΨ¸ løΨœÐ'}¦ ¯ l" ¡ œ™Σ "¯ Ðº K'°Ω

| œ̄ ΨNAICS ¯ ΣŁ"¯ l"œº l"½˙ løΨ Ψ ½§-"www.naics.com œÐ'¸ l§'E

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4. [illegible]
5. [illegible]
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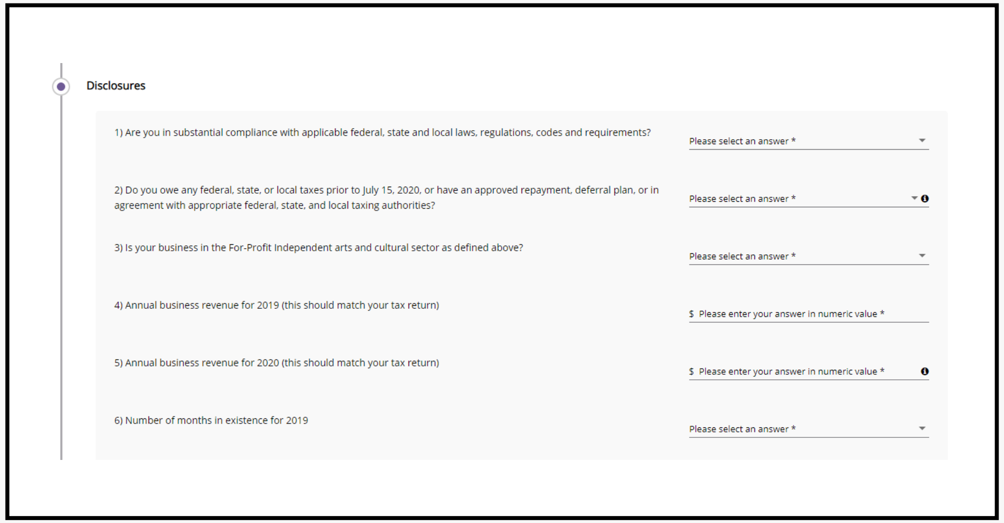

Disclosures

1) Are you in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements?	Please select an answer *
2) Do you owe any federal, state, or local taxes prior to July 15, 2020, or have an approved repayment, deferral plan, or in agreement with appropriate federal, state, and local taxing authorities?	Please select an answer *
3) Is your business in the For-Profit Independent arts and cultural sector as defined above?	Please select an answer *
4) Annual business revenue for 2019 (this should match your tax return)	$ Please enter your answer in numeric value *
5) Annual business revenue for 2020 (this should match your tax return)	$ Please enter your answer in numeric value *
6) Number of months in existence for 2019	Please select an answer *

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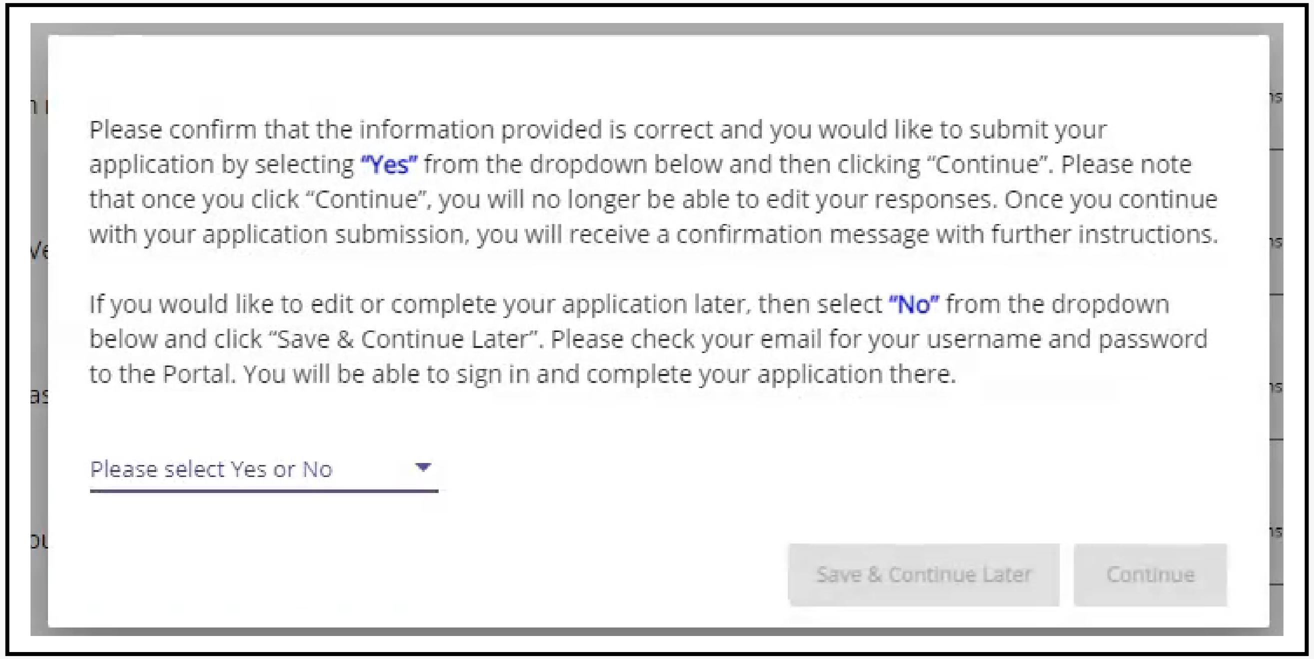

Please confirm that the information provided is correct and you would like to submit your application by selecting **"Yes"** from the dropdown below and then clicking "Continue". Please note that once you click "Continue", you will no longer be able to edit your responses. Once you continue with your application submission, you will receive a confirmation message with further instructions.

If you would like to edit or complete your application later, then select **"No"** from the dropdown below and click "Save & Continue Later". Please check your email for your username and password to the Portal. You will be able to sign in and complete your application there.

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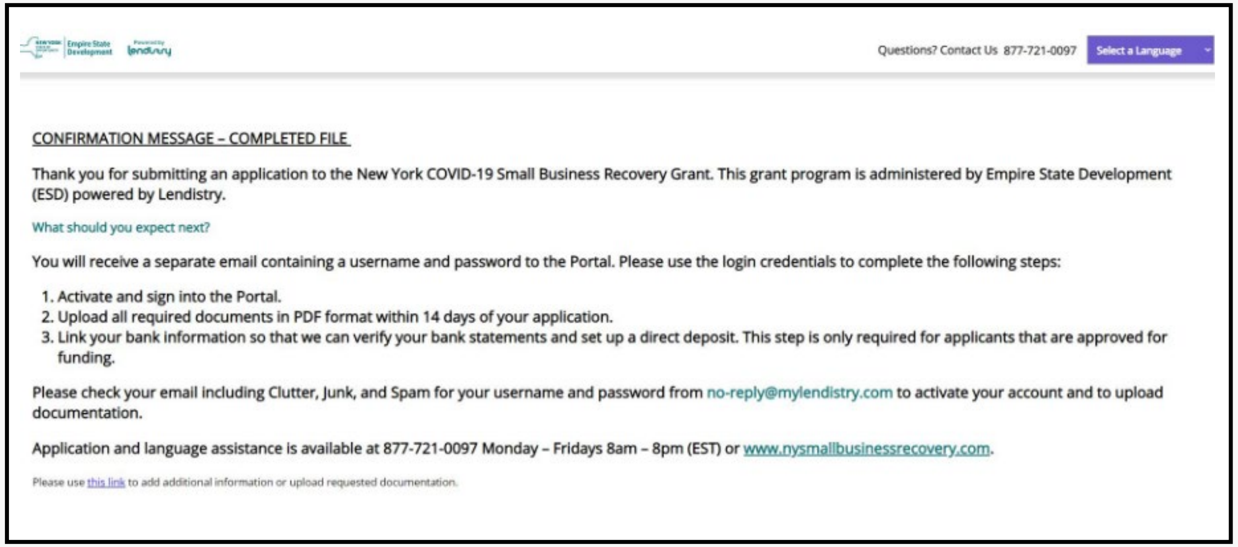
| œ¯ Ψ˘ I°Ψ Σ¦ 7 ™"¯ ÐøΨ Ð'ıŦ° IÞẂρ¯ Σ{ œ½Σ"¯ ÐøΨ Ψ ½§-"| œ¯ Ψ™ẾÐøΨ"§ÞΈœ¦ ÞŁž°Ψěno-reply@mylendistry.com ¦ Ψ#lõ° "°ΣøΨÞI½Ψ~.µΨ2"¯Ψ ½§-"{ œøΨ~.µΨ2"¯ Σ Clutter, Junk, Þ"Spam ì ΣŁÐ'¦ č°"¸ IΈµ



Questions? Contact Us 877-721-0097

Select a Language

CONFIRMATION MESSAGE – COMPLETED FILE

Thank you for submitting an application to the New York COVID-19 Small Business Recovery Grant. This grant program is administered by Empire State Development (ESD) powered by Lendistry.

What should you expect next?

You will receive a separate email containing a username and password to the Portal. Please use the login credentials to complete the following steps:

1. Activate and sign into the Portal.
2. Upload all required documents in PDF format within 14 days of your application.
3. Link your bank information so that we can verify your bank statements and set up a direct deposit. This step is only required for applicants that are approved for funding.

Please check your email including Clutter, Junk, and Spam for your username and password from no-reply@mylendistry.com to activate your account and to upload documentation.

Application and language assistance is available at 877-721-0097 Monday – Fridays 8am – 8pm (EST) or www.nysmallbusinessrecovery.com.

Please use this link to add additional information or upload requested documentation.

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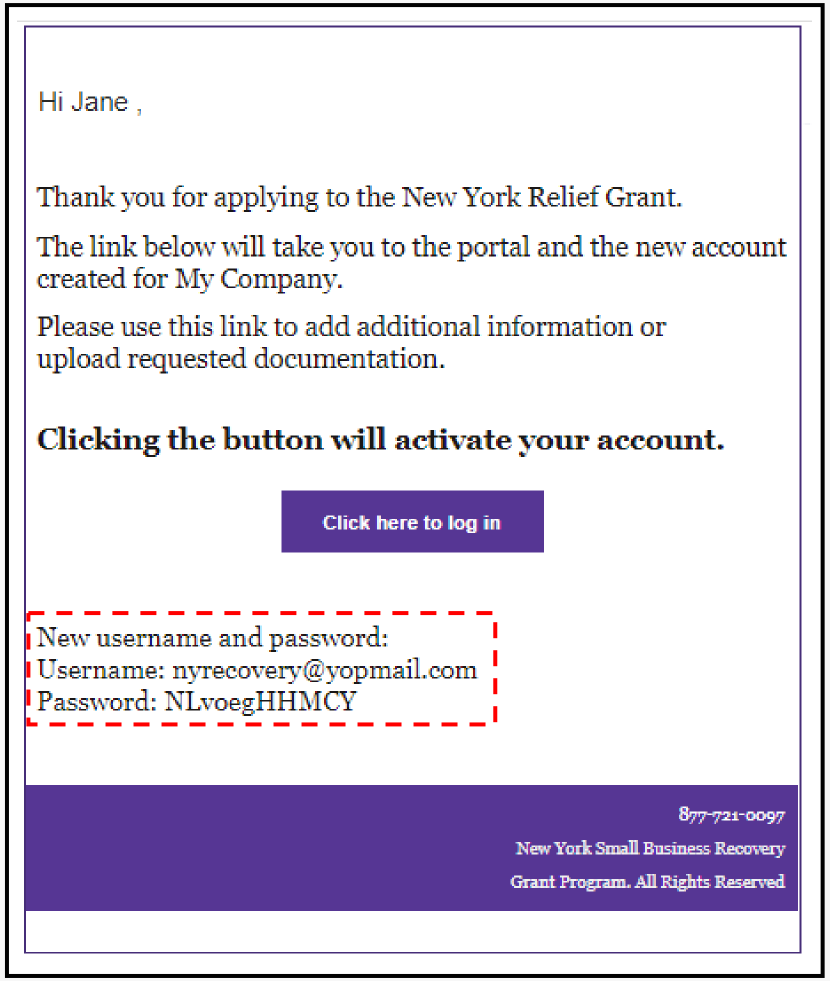
Hi Jane ,

Thank you for applying to the New York Relief Grant.

The link below will take you to the portal and the new account created for My Company.

Please use this link to add additional information or upload requested documentation.

Clicking the button will activate your account.

New username and password:
Username: nyrecovery@yopmail.com
Password: NLvoegHHMCY

877-721-0097
New York Small Business Recovery Grant Program. All Rights Reserved

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NEW YORK STATE OF OPPORTUNITY

Empire State Development

Powered by lendistry

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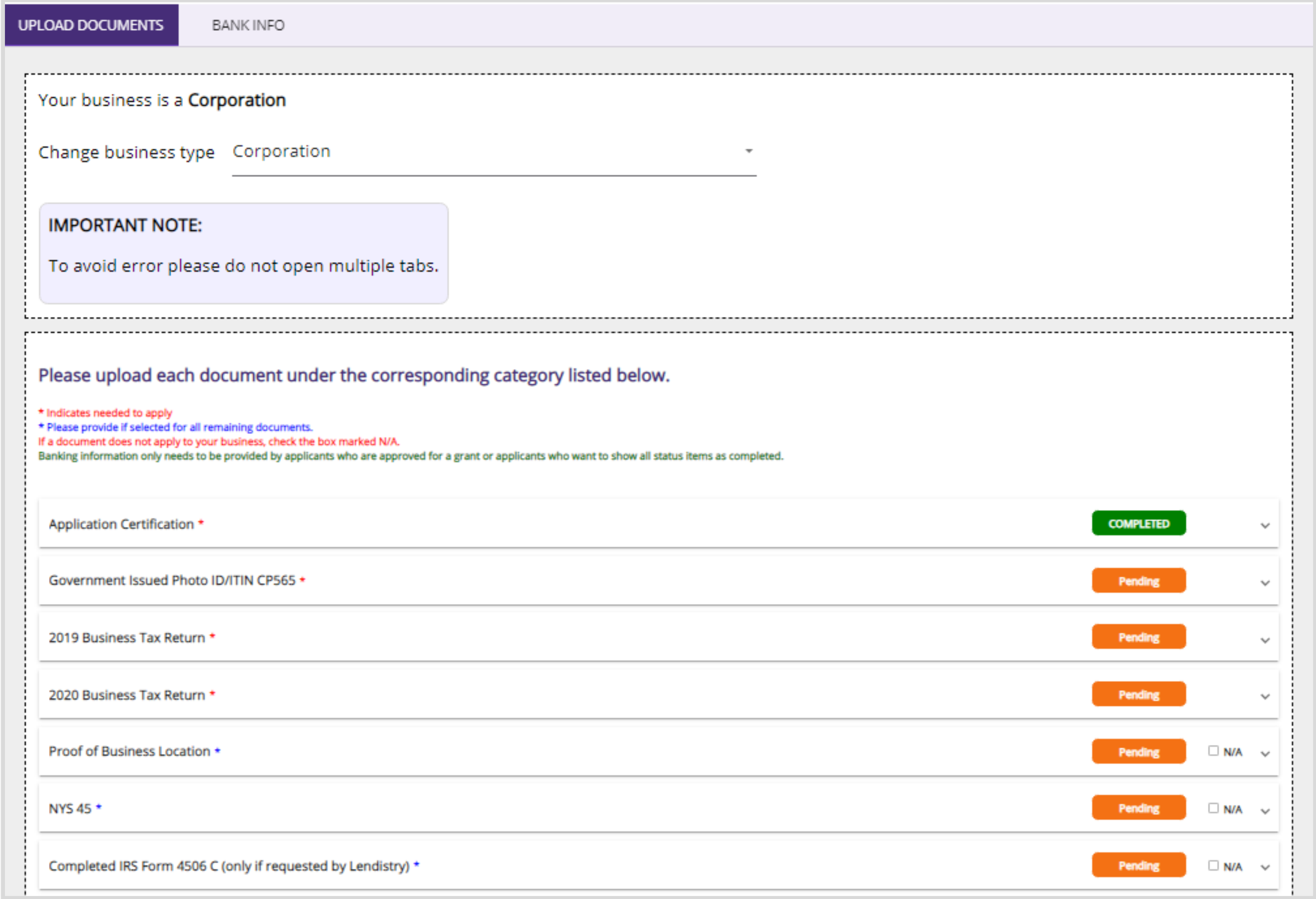
- ™ȧ "| œ Ơì l} ½"œ¦ ÞŁŻÏ ÞlÐ"¦ Ðþ°"°Ω°Σ| œ Σ}¦ ΨœΣÆ½" µ|µı ¸ Ż¯ Ðøl"°Σ l_"


UPLOAD DOCUMENTS
BANK INFO

Your business is a **Corporation**

Change business type: Corporation

IMPORTANT NOTE:

To avoid error please do not open multiple tabs.

Please upload each document under the corresponding category listed below.

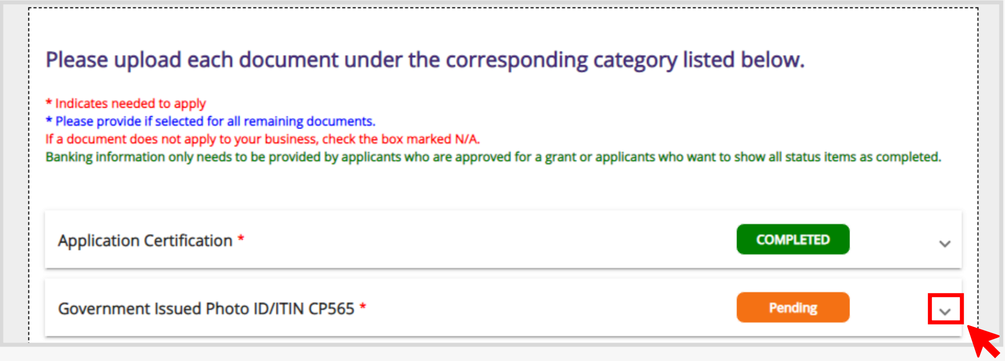
* Indicates needed to apply
* Please provide if selected for all remaining documents.
If a document does not apply to your business, check the box marked N/A.
Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.

Application Certification *	COMPLETED	
Government Issued Photo ID/ITIN CP565 *	Pending	
2019 Business Tax Return *	Pending	
2020 Business Tax Return *	Pending	
Proof of Business Location *	Pending	☐ N/A
NYS 45 *	Pending	☐ N/A
Completed IRS Form 4506 C (only if requested by Lendistry) *	Pending	☐ N/A

œΣÆ½"µ¦µı Ŧ° lÞŃ ρ¯ Σ ¯ ¦ "#¯ lÐ"{ œ½Σ"¯ Ðµ

निर्देश

¸ ÐŒ"2;"§¯ "ı Ŧ° lÞŃ"#¯ lÐ" ¸ ø¦µ‹ Ð";¦ ¯ Ψì ΣýŁÐ"¯ Σ ÞŦ° lĉÞ"¯ ÐøΨ Ψ ½§" Łl¡ ø"¤ÐΣ œÐ"ĕá½¯ "¯ Ðµ


Please upload each document under the corresponding category listed below.

* Indicates needed to apply

* Please provide if selected for all remaining documents.

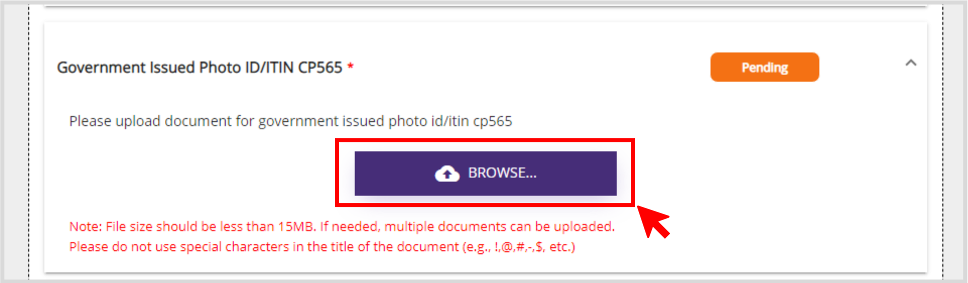
If a document does not apply to your business, check the box marked N/A.

Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.

Application Certification * COMPLETED

Government Issued Photo ID/ITIN CP565 * Pending

¸ ÐŒ"3;"| œ Ψ ŁÞl}¦ "œÐ"ß l} ½"¯ Σ½Σ ΨÆ¯ ÐøΨ Ψ ½§"$ l¡ Á"¯ Ð§"œÐ" ĕá½¯ "¯ Ðµ"¦ ¬Ќı Ŧ° lÞŃ ρ¯ Σ PDF ì Πµ"Æ µ¦µ#Ŧ° ë"¯ Ðøl"°Σ l_"


Government Issued Photo ID/ITIN CP565 * Pending

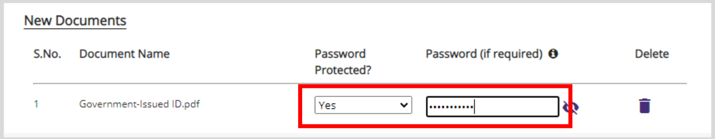
Please upload document for government issued photo id/itin cp565

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.

Please do not use special characters in the title of the document (e.g., !,@,#,-,$, etc.)

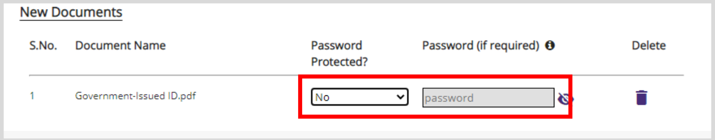
¸ ÐŒ"4;"

- ™ȧ "| œ l"ı Ŧ° lÞŃ"œ¦ ÞŁžì ÞlÐ"¦ Ðþ°"°Ώ°Σ8ÎœŁl¡ ø"µΨ"ȩ¦ Ψ lÁ¸ ø¦µ ‹ Ð"œ¦ ÞŁžı¸ ž¯ Ðµ"


New Documents

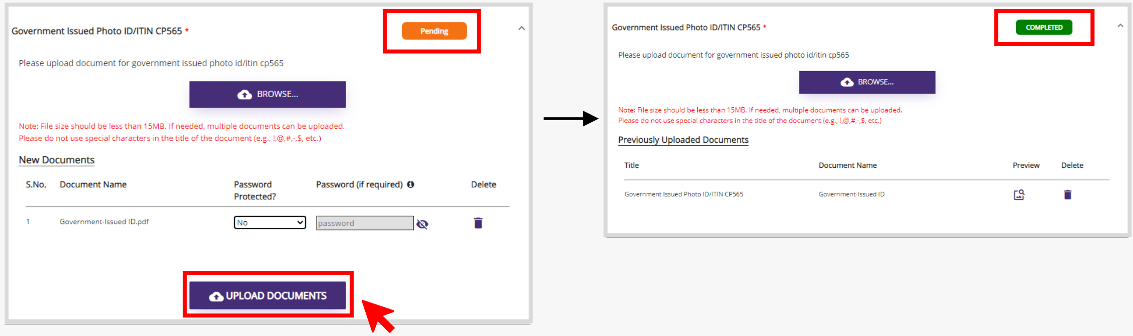
S.No.	Document Name	Password Protected?	Password (if required)	Delete
1	Government-Issued ID.pdf	Yes	....	

- ™ȧ "| œ l"ı Ŧ° lÞŃ"œ¦ ÞŁžì ÞlÐ"¦ Ðþ°"ø° ÆΏ°Σ8ÎœŁl¡ ø"µΨ"ȩ¦ Ψø° Æ ¸ ø¦µ‹ Ð"œ¦ ÞŁžì ΘŁ"¯ ΣĉÐá°"˝ ΣÃ"ıµ"


New Documents

S.No.	Document Name	Password Protected?	Password (if required)	Delete
1	Government-Issued ID.pdf	No	password	

- { œ½Σ"¯ ΣœĘž¯ ÐøΨ Ψ ½§"$ı Ŧ° lÞŃ"{ œ½Σ"¯ ÐŨ"œÐ"ĕá½¯ "¯ Ðµ" ı Ŧ° lÞŃ"¯ l"ŦÆŒ "œŁ Ė ¦ ΨœĘž°Σ¸ l§˙ l_


Government Issued Photo ID/ITIN CP565 * Pending

Please upload document for government issued photo id/itin cp565

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.

Please do not use special characters in the title of the document (e.g., !,@,#,-,$, etc.)

New Documents

S.No.	Document Name	Password Protected?	Password (if required)	Delete
1	Government-Issued ID.pdf	No	password	

Government Issued Photo ID/ITIN CP565 * COMPLETED

Please upload document for government issued photo id/itin cp565

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.

Please do not use special characters in the title of the document (e.g., !,@,#,-,$, etc.)

Previously Uploaded Documents

Title	Document Name	Preview	Delete
Government Issued Photo ID/ITIN CP565	Government-Issued ID		

{ œøK"¹ ξ "¸ lø¯ lĐΛ"¯ Σ" ½Έ"
¯ Đøl

)¯ Ψ½"° ¬K"| ÞŊ™¯ "°Ω¸ ¹ "| œ"{ øėlø"ß ěòŁΈ"¯ Ψ ½§"
ŦÞK ĝ "° ρ*

NEW YORK STATE OF OPPORTUNITY

Empire State Development

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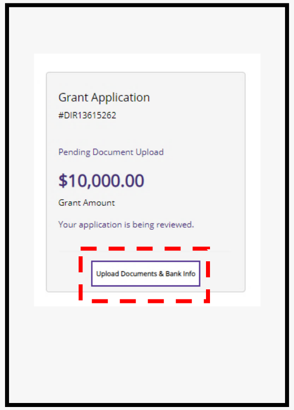
œΣÆ½"µ µ̈{ œø K'¹ ξ "¸ Iø¯ IÐΛ'¯ Σ ¯ ¦ "#¯ IÐ' ½Έ "¯ Ðµ

Lendistry Ï ÞIÐ"{ µÐ I"µ µ̈¯ ¦ K'¬K'¹ ξ "™I"7ΨŁÆ'™ĕø™ø"¦ ΨLendistry œΣÆ½"¸ ΩK' ¤œ'œÐ'˘ Iºø¯ Σ¦ 'ΈΣĕ °"¯ Ð ΨACH { 'ΈÐŒø¯ I"¦ Æ{ œ'¯ ÐøΨΨëŝ¯ "°ğK'™.œþ "¯ Ø #Ï ™Σ¯ ¯ Ø(Plaid) ¯ I"¡ œ™Σ "¯ ¯ ™I"¸ IºI"°Ω'°ğK'™.œþ "Ï ÞIÐ"| œ Øĕø¸ K'¸ Iø¯ IÐΛ ¯ Σ| œ Ø{ øµ ĕ"¯ Ψd'øI"¦ I˘ I"ø°Æ¯ ™I"¸ IºI"°Ω ÐŃ}¦ Ψ IºÐΛ'¯ Ίœĕø™ø¯ Σ¹ ΨI" ø°Æ¸ IºI"°Ω'™I" ¯ Ð™ΨœÐ'ø°Æá ™I"¸ IºI"°Ω Plaid œÐ'™I"¡ ¦ ¯ ΨµIö™µ"¦ Ψĕø¸ K' ¸ Iø¯ IÐΛ'¯ I"¡ œ™Σ "Plaid ¯ Ø§ìŁ"™Ą Ð'#I} ÞΨK'œΠ½¦ K' ¸)https://plaid.com/legal/#end-user-privacy-policy*"¯ Ψ{ ł Kø"°Ω Lendistry Ï ÞIÐ"}¦ " #Ï ™Σ¯ ¯ Ø¯ I"¡ œ™Σ "| œ Ψ¹ ξ "ŦÆÆµÆ¯ Σ¦ ñ™I œ"¯ ÐøΨ ÐŃ}¦ ¯ Ø¦ µKøI"¯ ÐøΨ ¯ Ψ ½§"¯ ™I"¸ IºI"°Ω'¹ ξ "¦ ñ™Iœø"¯ Ø}¦ " Þ ł "¯ ΣÞÐΛ™ºI"ı Λ¸ IºK'°Ω ¯ òºë™º" ŦÞK ğ "ø"°Σ¦ ¯ ºI"°Ω¸ ΩΨ™á "| œ I"¹ ξ Έ "¦ Ίælø" ¯ ¦ K'#ı IºI"¯ ΨµIö™µ"¦ Ψ ¡ œ½úł "ø°ÆΩΩ'}¦ "#¯ ÐŒ"µµ'| œ{ ò™"¯ I™z Þ ł ™ø¯ I"¡ œ™Σ "¯ Ð Ψ{ œøΨ ξ " ˘ IºI"¯ Σ¦ ñ™I œ"¯ Ð'¦ ¯ ºΨξ

Lendistry ¯ ΨœΣÆ½"µ µ̈Plaid ¯ ΨµIö™µ"¦ Ψ{ œøΨ ξ ˘ IºI"¯ Σ ¯ ¦ "#¯ IÐ'¦ ñ™I œ"¯ Ðµ


Grant Application

#DIR13615262

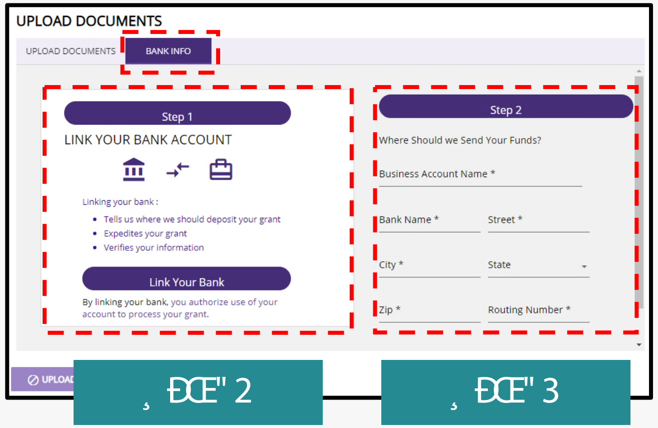
Pending Document Upload

$10,000.00

Grant Amount

Your application is being reviewed.

Upload Documents & Bank Info


UPLOAD DOCUMENTS

UPLOAD DOCUMENTS
BANK INFO

Step 1

LINK YOUR BANK ACCOUNT

Linking your bank :

- Tells us where we should deposit your grant
- Expedites your grant
- Verifies your information

Link Your Bank

By linking your bank, you authorize use of your account to process your grant.

Step 2

Where Should we Send Your Funds?

Business Account Name *

Bank Name * | Street *

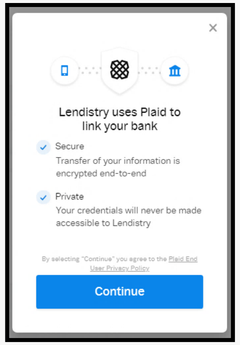
City * | State

Zip * | Routing Number *

UPLOAD
¸ ÐŒ" 2
¸ ÐŒ" 3

¸ ÐŒ" 2

- Plaid ¯ Ψ ½§"§¯ " ÞìŁΣ¯ Σ˘ Σ½øΨΨëŲ œøI"¹ ξ "˘ IºI" ½Έ "¯ ÐŲ œÐ'ĕá½¯ " ¯ Ðµ"
- Plaid µµ̈¸ IÐΛ'Ð µ̈‹ Ð'{ œøK'¹ ξ Έ "¦ Ίælø"¯ ΣØĄµ"
- { œøΨ ø½I}ø"¹ ξ Έ "˘ IºΨµµ̈¦ I}ø.}ø"¯ Ðµ‹ Ð'}¦ ΨLendistry ¯ ΨœΣÆ½"¦ Ψ ¯ øΨÆ¯ Ðµ"


Lendistry uses Plaid to link your bank

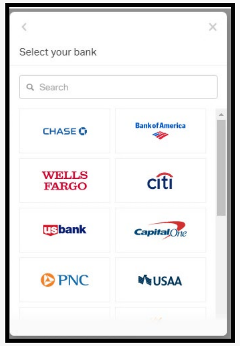
Secure

Transfer of your information is encrypted end-to-end

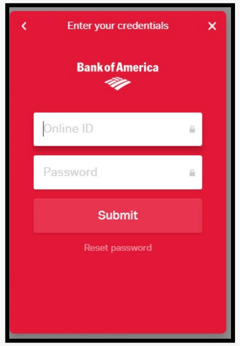
Private

Your credentials will never be made accessible to Lendistry

By selecting "Continue" you agree to the Plaid End User Privacy Policy


Select your bank

Search
CHASE
Bank of America
WELLS FARGO
citi
usbank
Capital One
PNC
USAA


Enter your credentials

Bank of America
Online ID
Password
Submit
Reset password

¸ ÐŒ" 3

| œ ΨÏ ÞIÐ"¡ œ™Σ "¯ Ø¸ IøΨÞI½Λ'¦ ñ™Iœø" Þ ł "œÐ'ö™Iø"á ™Ψd'øI"™º"¸ ÐŒ" ¦ ıΩ"œÐ"¯ ÐøI"¸ Iǿ§_"

- { œøK'¹ ξ "¸ Iø¯ IÐΛ'# ÞΗÆ¯ Ðµ"
- ŨÐ™IÞ¦ Iĕ™¯ "˘ IºΨ I"øIµŨßĢŁ"| œ Ψ˘ IºΨ I"#¯ IÐ'ø°ÆΩ ™º"Ì ĢŁ" | œ Ψ˘ IºI"¯ I"øIµ"¯ Ψ ½§"°Ωĕ ¦ Ψ| œ ΨÐ™Þ¦ I™"¯ ΨøIµ"œÐ'°ΣøI"¸ Iǿ§" ‹ Ð'| œ Ψ¹ ξ "ŦÆÆµΨÆ'µµ̈¦ ęK'Ï ł "°ΣøI"¸ Iǿ§_"
- ™á "| œ I"Ð™Þ¦ I™"§¯ ½"ŦÞñÞł IÐΛ'°Ω°Σ¹ ξ "˘ IºI"{ ¬K'¬K'§¯ "Ð™Þ¦ I™" ¸ ΨΈ "˘ IºI"°ΣøI"°Σ I"‹ Ð'| œ ΨøIµ"™I"DBA¦ Ψµ½Iø"°ΣøI"°Σ __"

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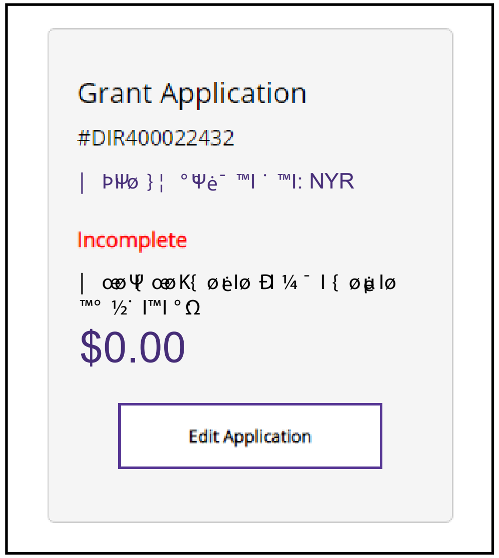


Grant Application

#DIR400022432

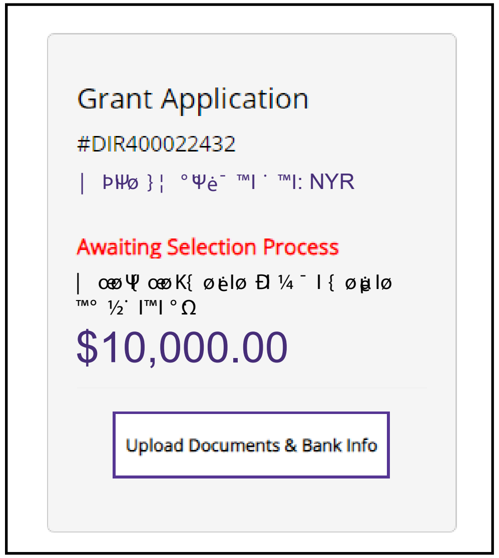
[illegible]: NYR

Incomplete

[illegible]

$0.00

Edit Application



Grant Application

#DIR400022432

[illegible]: NYR

Awaiting Selection Process

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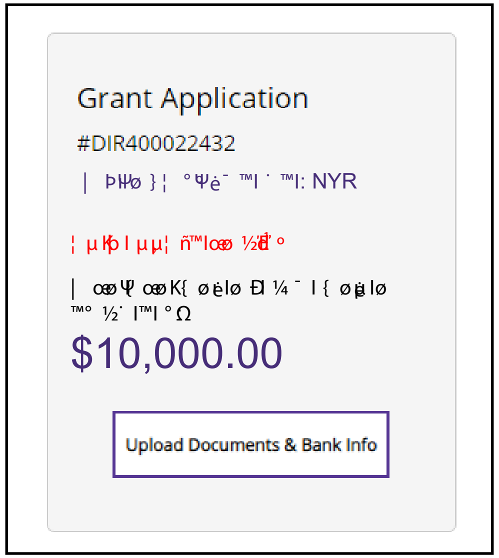
$10,000.00

Upload Documents & Bank Info



Grant Application

#DIR400022432

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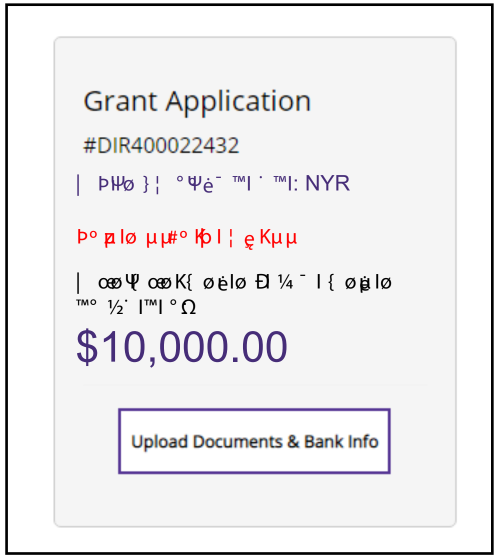
$10,000.00

Upload Documents & Bank Info



Grant Application

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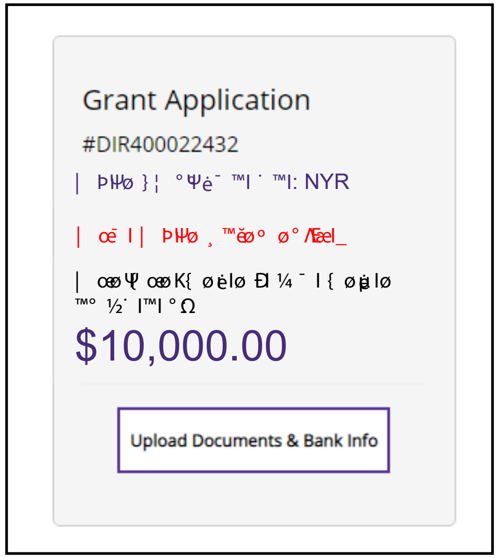
$10,000.00

Upload Documents & Bank Info



Grant Application

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$10,000.00

Upload Documents & Bank Info

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NEW YORK
STATE OF
OPPORTUNITY

Empire State
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lendistry

| ÞѰø " §Þ'Ē¬ l÷l" ¦ ° l™º l" 988.832.11: 8" ™l" www.nysmallbusinessrecovery.com œĐ' ¡ œ½úł "° Ω