

# Pwogram Sibvansyon pou Rekiperasyon Ti Biznis de Pandemi COVID-19 Eta New York



## Gid Pwogram ak Aplikasyon

(Rev. 07.22.22)



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## ENTWODIKSYON

Pwogram Sibvansyon pou Rekiperasyon Ti Biznis de Pandemi COVID-19 ("Pwogram" lan) te kreye pou li bay sibvansyon fleksib pou ti biznis, mikwo biznis ak artizana endependan ak òganizasyon kiltirèl nan Eta New York ki eksperyanse difikilte ekonomik pandan pandemi COVID-19 lan.

Pou plis enfòmasyon sou Pwogram Sibvansyon pou Rekiperasyon Ti Biznis de Pandemi COVID-19 Eta New York e pou jwenn asistans lè w'ap aplike, tanpri gade [www.nysmallbusinessrecovery.com](http://www.nysmallbusinessrecovery.com).

## MONTAN SIBVANSYON

N'ap kalkile montan sibvansyon an sou "Resi Brit Anyèl pou 2019\*" biznis la:

Resi Anyèl Brit (2019)	Montan Sibvansyon
\$25,000-\$49,999	\$5,000 pa biznis
\$50,000-\$99,999	\$10,000 pa biznis
\$100,000-\$2,500,000	10% resi brit (jiska \$50,000)

\*Gade pano 5 pou enfòmasyon sou kijan nou detèmine "resi brit".

Empire State Development kapab chanje montan sibvansyon an ak kalkilasyon yo



# Apèsi Pwogram lan

## DEFINISYON

1. "**Ti Biznis**" vle di yon biznis ki se yon rezidan eta New York, ki enkòpore nan Eta New York e lisanse, oubyen anrejistre pou li fè biznis nan New York, ki pou e opere de fason endepandan, ki pa dominan nan domèn li, e anplwaye **100 ou mwens** moun.
2. "**Mikwo biznis**" vle di yon biznis ki se yon rezidan eta New York, ki enkòpore nan Eta New York e lisanse, oubyen anrejistre pou li fè biznis nan New York, ki pou e opere de fason endepandan, ki pa dominan nan domèn li, e anplwaye **10 ou mwens** moun.
3. "**Atizana endepandan pou profi ak òganizasyon kiltirèl**" vle di yon biznis ki piti oubyen medyòm prive pou pwofi, ki opere endepandan ki fè pèfòmans an dirèk, oubyen yon biznis ki gen relasyon ak pèfòmans ki lokalize nan New York ki te enpakte negativman de pwotokòl sante ak sekirite COVID-19, e ki gen **100 ou mwens** anplwaye an plen tan, **sa ekskli anplwaye pou sezòn**. Òganizasyon ki kalifye anba definisyon sa kapab enkli biznis ki angaje nan domèn ki enkli, men pa limite a, achitekti, dans, desen, fim, mizik, teyat, opera, medya, literati, aktivite mize, atizana vityèl, atizinana fòblkò ak distribisyon pou wòl.
4. "**Pwotokòl sante ak sekirite COVID-19**" vle di okenn restriksyon ki te enpoze sou operasyon biznis lan pa lòd ekzekitif 202 de 2020 pa Gouvènè a, oubyen okenn ekstansyon oubyen lòt lòd ekzekitif ki te bay an repons a pandemi COVID-19, oubyen okenn lòt estati, règ ouyen règleman ki te enpoze restriksyon nan operasyon biznis lan an repons a COVID-19.



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## Apèsi Pwogram lan

### KALIFIKASYON POU TI BIZNIS KI ELIJIB

- Ti biznis, Mikro biznis ak atizana endepandan pou profi ak òganizasyon kiltirèl (kolektivman, "Aplikan Elijib") dwe vyab kounye a e dwe te kòmanse operasyon depi anvan 1 Mas, 2019 e kontinye an operasyon a pati de dat aplikasyon an (li kapab te fèmen a kòz de restriksyon COVID-19).
  - "Vyabilite" ap detèmine baze sou eske aplikan te gen benefis pozitif an 2019, kòm evidans ki rapòte nan aplikasyon taks aplikan an 2019 (gade pa anba).
- Aplikan ki elijib ap bezwen montre ke yo pèdi resi brit oubyen a kòz de pandemi COVID-19 oubyen konfòmite ak pwotokòl sante e sekirite COVID-19 ki vin fè modifikasyon, entèripsyon oubyen femti biznis lan.



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## Apèsi Pwogram lan

### KALIFIKASYON POU TI BIZNIS KI ELIJIB (kont.)

- Ti Biznis ak Mikro Biznis dwe:
  1. Pou yo genyen Resi Brit 2019 oubyen 2020 ant \$25,000 ak \$2,500,000 pa ane menm jan li reflete nan Retou Taks Federal Aplikan.
    - liy 1a, Fòm IRS 1120 oubyen 1065;
    - liy 1, Fòm IRS 1040 Schedule C; oubyen
    - sòm liy 1a + liy 2, Fòm IRS 1040 Schedule F
  2. Montre ke gen o mwens vennsenk (25%) pèt nan resi brit anyèl nan konparezon revni ane-pa-ane a pati de 31 Desanb, 2020 a menm peryòd lan an 2019, nan chak ka, jan ki li ye nan retou taks federal pou Aplikan pou ane 2019 ak 2020, ki enkli Asistans Chomaj pou Pandemi pou 2020, Konpansasyon Federal pou Chomaj Pandemi e/oubyen Pwogram Asistans pou Salè ki pèdi ki verifye pa Department of Labor pou Eta New York.
    - Pèt la ap kalkile baze sou diferans ant liy 1a nan Fòm IRS 1120 oubyen 1065, liy 1 nan Fòm IRS 1040 Schedule C, oubyen sòm ki nan liy 1a + liy 2 nan Fòm IRS 1040 Schedule F ki rapòte nan Retou Taks Federal ou nan lliy 1a nan Fòm IRS 1120 oubyen 1065, iy 1 nan Fòm IRS 1040 Schedule C, oubyen sòm liy 1a + liy 2 nan Fòm IRS 1040 Schedule F ki rapòte nan retou taks federal 2020 (nan chak ka ki kouvri menm peryòd la). Valè ke yo kalkile an dwe montre yon rediksyon de 25% ane pou ane. Biznis ki gen yon ane taks ki pasyèl nan 2019 ap kalkile 25% pèt baze sou menm nonb mwa nan ane 2020.



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## Kòman pou Kalkile % Pèt (Egzanp)

### % KALKILAS YON SAN ASISTANS CHOMAJ PANDEMI (EGZANP)

Revni Anyèl Brit pou 2019= **\$1,000,000**

Revni Anyèl Brit pou 2020= **\$750,000**

**Pèt Total: 25%**

Rezulta: Ou Elijib pou Sibvansyon an

### % KALKILAS YON PÈT AK ASISTANS CHOMAJ PANDEMI (EGZANP)

Revni Anyèl Brit pou 2019= **\$1,000,000**

Revni Anyèl Brit pou 2020= \$750,000

Asistans Chomaj Pandemi ki peye nan 2020 = \$10,000

**Revni Anyèl Brit pou 2020 + Asistans Chomaj Pandemi 2020 = \$760,000**

**Pèt Total: 24%**

Rezulta: Ou pa Elijib pou Sibvansyon an Ankò



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## Apèsi Pwogram lan

### KALIFIKASYON POU TI BIZNIS KI ELIJIB (kont.)

4. Montre ke depans total sou Revni Biznis lan nan ane 2020 ki retounen plis ke montan sibvansyon an.
  - o Kalkilasyon depans total kont montan sibvansyon ke nou pwopoze ap baze sou depans ke biznis lan rapòte nan retou taks federal 2020 ke biznis lan soumèt.
5. Kalkilasyon depans total kont montan sibvansyon ke nou pwopoze ap baze sou depans ke biznis lan rapòte nan retou taks federal 2020 ke biznis lan soumèt.
6. Pa dwe okenn taks federal, leta, oubyen lokal anvan 15 jiyè, 2020, oubyen gen yon repeman ki apwouve, plan pou peye pita, oubyen yon akò ki aplikab ak otorite taks federal, leta, ak lokal ki apwopriye.
7. Pa kalifye pou pwogram asistans sibvansyon biznis anba American Rescue Plan Act of 2021 oubyen nenpòt lòt pwogram federal ki disponib pou rekiperasyon ekonomik COVID-19 oubyen pwogram sibvansyon asistans biznis, ki gen ladan prè ki padone anba Paycheck Protection Program federal la, oubyen yo pa kapab jwenn ase asistans biznis nan pwogram federal sa yo.\*

\*Aplikan ki Elijib kapab resevwa oubyen vinn jwenn asistans federal sa yo:

- Prè Paycheck Protection Program ki \$250,000 ou mwens
- COVID-19 EIDL Advance Grant de \$10,000 ou mwens
- COVID-19 EIDL Supplemental Targeted Advance Grant de \$5,000 ou mwens
- SBA Shuttered Venue Operators Grant



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## Apèsi Pwogram lan

### ENFÒMASYON ADISYONÈL

- Aplikan ki elijib dwe bay evidans, ki akseptab nan Eta New York ke Aplikan ki Elijib lan operasyonèl e ke Aplikan ki Elijib lan pa gen restriksyon nan okenn manda ajans leta, lokal oubyen lòt.
- Paske montan finansman limite e nou atann nou a anpil rekèt, tip biznis ou, jeografi, ak endistri kapab vinn yon faktè nan abilité'w pou resewwa sibvansyon an.
- N'ap bay priorite a pwopriyetè biznis ki defavorize sosyalman ak ekonomikman ki gen ladan, men pa limite a, moun ki gen dizabilite, biznis ke veteran ki andikape posede, ak biznis veteran posede, oubyen biznis ki sitiye nan kominote ki te an detrès ekonomik anvan 1 Mas 2020, jan yo detèmine pa done resansman ki pi resan yo.
- Tout Aplikan ankouraje pou yo telechaje dokiman ki obligatwa yo nan 14 jou apre ke yo finn aplike. **Si ou pa konplete aplikasyon e telechaje tout dokiman obligatwa yo nan 60 jou sa ap fè ke aplikasyon an vinn inaktiv.**



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## Apèsi Pwogram lan

### BIZNIS KI PA ELIJIB

- Tout Enstitisyon Non Pwofi, Legliz ak lòt enstitisyon reliye;
- Antite ke Gouvènman posede oubyuen biwo ofisyèl ki sou pouvwa;
- Biznis ki prensipalman angaje nan aktivite politik oubyen espresyon;
- Biznis ki resevwa lanjan de Pwogram SBA Restaurant Revitalization Grant
- Mèt Kay ak biznis imobilye ak revni pasiv;
- Biznis ilegal ak antrepriz; e
- Lòt endistri oubyen tip biznis ki spesifye pa Empire State Development



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### SÈVIS LAJAN KI ELIJIB

Sibvansyon an dwe sèvi pou kouvari depanhs ki gen rapò ak COVID-19 oubyen depans ke ou gen ant 1 Mas, 2020 ak 1 Avril 2021. Sa yo enkli:

1. Depans Pewòl;
2. Lwaye komèsyal oubyen peman ipotèk pou imobiliye ki nan Eta New York (men pa pou okenn peman an avans lwaye oubyen ipotèk);
3. Peman pou imobiliye lokal oubyen taks lekòl ki asosye ak lokasyon ti biznis nan Eta New York;
4. Depans Asirans;
5. Depans Bil;
6. Depans ekipman pwoteksyon pèsonèl (PPE) ki nesesè pou pwoteje travayè yo ak sante e sekirite konsomatè yo;
7. Depans chalè, vantilasyon, ak è kondisyon (HVAC);
8. Lòt depans machin ak ekipman;
9. Pwodwi ak materyèl ki nesesè pou an konfòmite ak pwotokòl sante ak sekirite COVID-19; oubyen
10. Lòt depans COVID-19 ki dokimante ke Empire State Development apwouve.

### SÈVIS LAJAN KI PA ELIJIB

Sibvansyon ke ou resevwa de pwogram **sa pa ka** sèvi pou li repeye oubyen peye okenn pòsyon de yon prè ke ou resevwa de yon pake soulajman federal COVID-19 pou asistans biznis oubyen okenn pwogram asistans biznis Eta New York.



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## Apèsi Pwogram lan

### DOKIMAN KI OBLIGATWA

1. Prèv de pèt Resi Brit oubyen lòt difikilte ekonomik: Retou Taks Federal Biznis lan pou 2019 **ak** 2020
  - Pou kooperasyon ak LLC - Fòm IRS 1120
  - Pou patenarya - Fòm IRS 1065 ak Schedule K-1s
  - Pou sèl pwopriyetè - Fòm IRS 1040 ak Schedule C
    - Pou bizniz agrikilti ki pou yon sèl pwopriyete - enkli Fòm IRS 1040 Schedule F
2. Fòm IRS 4506-C ki konplete (si Lendistry mande li)

3. Prèv de lokasyon biznis lan ak kote l'ap opere (**dwe bay de (2) nan bagay sa yo**):
  - Lwaye aktyèl
  - Bil kay
  - Deklarasyon bank biznis kouran
  - Deklarasyon ipotèk biznis kouran
  - Deklarasyon kat kredi biznis lan
  - Bil asirans pwofesyonèl
  - Deklarasyon peman pa kat
  - Dokimantasyon koleksyon taks lavant NYS ST-809 oubyen ST-100



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### DOKIMAN KI OBLIGATWA (kont.)

4. Orè pwopriyetè (li pa aplike pou yon sèl pwopriyetè): Lis non, adres, Nimewo Sekirite Sosyal(pou pwopriyetè ki pa ameriken Nimewo Idantifikasyon Taks Endividylè), nimewo telefòn, imèl, pousantaj pwopriyetè, ak foto idantifikasyon pou tout pwopriyetè ki gen 20% ou plis nan biznis lan:
  - Pou konplete aplikasyon an pou sibvansyon an, pwopriyetè/aplikan dwen gen o mwens 20% a bay lis non, adres, Nimewo Sekirite Sosyal e pou pwopriyetè ki pa ameriken Nimewo Idantifikasyon Taks Endividylè , nimewo telefòn, imèl, pousantaj pwopriyetè, ak foto idantifikasyon.
  - Pou konplete finansman pou sibvansyon an, aplikan dwe soumèt orè enfòmasyon pwopriyetè pou tout pwopriyetè ki gen plis ke 20% ou plis nan biznis lan: lis non, adres, Nimewo Sekirite Sosyal e pou pwopriyetè ki pa ameriken Nimewo Idantifikasyon Taks, nimewo telefòn, imèl, pousantaj pwopriyetè ak Idantifikasyon foto.
  - Pou Pwopriyetè ki pa ameriken sipoze verifye Nimewo Idantifikasyon Taks Endividylè yo a travè Fòm IRS CP565.
5. Prèv de nonb de anplwaye Dokiman NYS-45 ki soumèt pi resamman pou konpayi patron an.
6. Prèv de òganizasyon biznis lan (**dwe bay de (1) nan bagay sa yo**):
  - Lisans biznis kouran
  - Sètifika biznis kouran
  - Sètifika Òganizasyon an
  - Sètifika de Non ki ou Pran (DBA)
  - Sètifika Otorite Eta New York
  - Atik Enkòporasyon
  - Dokiman ke minisipalite Eta New York ba ou pou montre ke ou kapan opere nan Eta New York.
7. Pou distribisyon lajan: Fòm IRS W-9 ak enfòmasyon bank



# Dokiman ki obligatwa

Egzanp



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# Prèv de pèt Resi Brit oubyen Lòt Difikilte Ekonomik

## KOOPERASYON AK LLC Fòm IRS 1120-S

**U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123  
2019

Department of the Treasury Internal Revenue Service

► Don't 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](http://www.irs.gov/Form1120S) for instructions and the latest information.

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

A Selection effective date **Name** D Employer identification number **2019**

B Business activity code number (see instructions) **TYPE OR PRINT** C Check if Sch. M-3 attached **Name**

D Number, street and room or suite no. if a P.O. box, see instructions. E Date incorporated

F City or town, state or province, country, and ZIP or foreign postal code **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 **1** J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

## PATENARYA Fòm 1065 Schedule K-1

**Schedule K-1** (Form 1065) OMB No. 1545-0123  
Department of the Treasury Internal Revenue Service

For calendar year 2020, or tax year **2020** / **2020** Ending / **2020** Credits

**Part II Farmer's Share of Current Year Income, Deductions, Credits, and Other Items**

1 Ordinary business income (loss) **12**

2 Net rental real estate income (loss) **13**

3 Other net rental income (loss) **14** Foreign transactions

4a Guaranteed payments for services **15**

4b Guaranteed payments for capital **16**

4c Total guaranteed payments **17**

5 Interest income **18**

6a Ordinary dividends **19**

6b Qualified dividends **20**

6c Dividend equivalents **21** Alternative minimum tax (AMT) items

7 Royalties **22**

8 Net short-term capital gain (loss) **23**

8a Net long-term capital gain (loss) **24** Tax-exempt income and nondeductible expenses

9a Collectibles (28%) gain (loss) **25**

9b Capital gains distributions (Form 1049-PATR) **26**

10 Uncapitalized section 1231 gain (loss) **27**

10 Net section 1231 gain (loss) **28** Distributions

11 Other income (loss) **29**

12 Section 179 deduction **30** Other information

13 Other deductions **31**

14 Self-employment earnings (loss) **32**

15 **Part III Farmer Expenses—Cash Method**. Do not include personal or living-expense items. See instructions. **33**

16 Car and truck expenses (Form 4690) **34**

17 Household expenses (Form 4690) **35**

18 Hand or lease (see instructions) **36**

19 Other (rent, animals, etc.) **37**

20 Repair and maintenance **38**

21 Securities (Form 4690) **39**

22 Renters (Form 4690) **40**

23 Professional fees (Form 4690) **41**

24 Business (Form 4690) **42**

25 Utilities (Form 4690) **43**

26 Advertising, breeding, and medicine (Form 4690) **44**

27 Supplies (Form 4690) **45**

28 Travel (Form 4690) **46**

29 Equipment (Form 4690) **47**

30 Insurance (Form 4690) **48**

31 Maintenance (Form 4690) **49**

32 Rent (Form 4690) **50**

33 Other expenses (Form 4690) **51**

34 Net loss from farming (Form 4690) **52**

35 Net loss from business (Form 4690) **53**

36 Received for future use **54**

37 Other (see instructions) **55**

38 Other (see instructions) **56**

39 Other (see instructions) **57**

40 Other (see instructions) **58**

For Paperwork Reduction Act Notice, see Instructions for Form 1065. [www.irs.gov/Form1065](http://www.irs.gov/Form1065) Cat. No. 11384R Schedule K-1 (Form 1065) 2020

## SÈL PWOPRIYETÈ (BIZNIS AGRIKILTI) Fòm 1040 Schedule F

**SCHEDULE F** (Form 1040) OMB No. 1545-0123  
Department of the Treasury Internal Revenue Service

► Attach to Form 1040, Form 1040-SR, Form 1040-INT, Form 1041, or Form 1065.  
► Go to [www.irs.gov/ScheduleF](http://www.irs.gov/ScheduleF) for instructions and the latest information.

**Profit or Loss From Farming**

1 Sales of inventories and other taxable items (see instructions) **10**

2 Sales of live stock, produce, grain, and other products you raised **11**

3 Capital gains distributions (Form 1049-PATR) **12**

4 Agricultural crop or payments (see instructions) **13**

5 Capital gains from the sale of your farm or interest in it (see instructions) **14**

6 Gross income from farming **15**

7 Gross insurance premiums and related on-farm payments (see instructions) **16**

8 Amount received in 2020 **17**

9 Net short-term capital gain (loss) **18**

10 Net long-term capital gain (loss) **19**

11 Other income (loss) **20** Distributions

12 Section 179 deduction **21**

13 Other deductions **22** Other information

14 Self-employment earnings (loss) **23**

15 **Part IV Farm Expenses—Cash Method**. Do not include personal or living-expense items. See instructions. **24**

16 Car and truck expenses (Form 4690) **25**

17 Household expenses (Form 4690) **26**

18 Hand or lease (see instructions) **27**

19 Other (rent, animals, etc.) **28**

20 Repair and maintenance **29**

21 Securities (Form 4690) **30**

22 Renters (Form 4690) **31**

23 Professional fees (Form 4690) **32**

24 Business (Form 4690) **33**

25 Utilities (Form 4690) **34**

26 Advertising, breeding, and medicine (Form 4690) **35**

27 Supplies (Form 4690) **36**

28 Travel (Form 4690) **37**

29 Equipment (Form 4690) **38**

30 Insurance (Form 4690) **39**

31 Maintenance (Form 4690) **40**

32 Rent (Form 4690) **41**

33 Other expenses (Form 4690) **42**

34 Net loss from farming (Form 4690) **43**

35 Net loss from business (Form 4690) **44**

36 Received for future use **45**

37 Other (see instructions) **46**

38 Other (see instructions) **47**

39 Other (see instructions) **48**

40 Other (see instructions) **49**

For Paperwork Reduction Act Notice, see Instructions for Form 1040. [www.irs.gov/Form1040](http://www.irs.gov/Form1040) Cat. No. 11384R Schedule F (Form 1040) 2020

## 4506-C KONPLETE (SÈLMAN SI LENDISTRY MANDE LI)

**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](http://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 1 (see instructions)

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

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

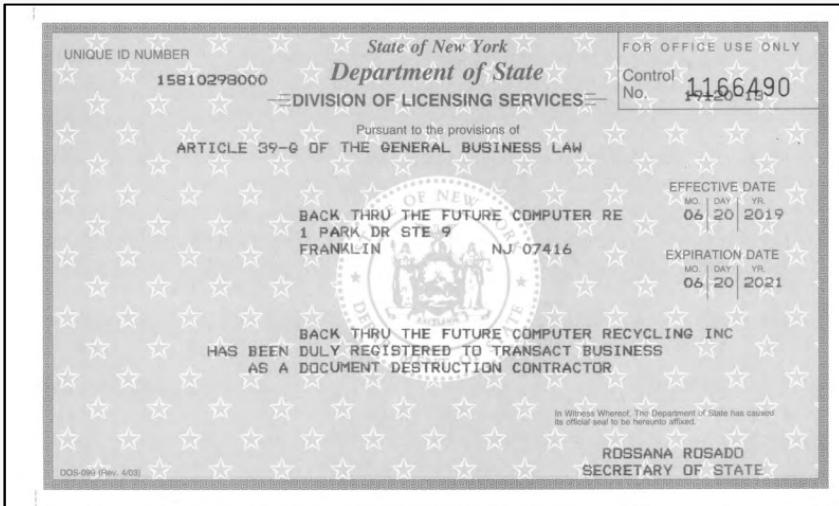
**Caution:** This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

**b. Transcript requested:** Enter the tax form number (e.g., 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-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

## Prèv de Òganizasyon Biznis lan

### LISANS BIZNIS KI AKTYÈL



### SÈTIKA BIZNIS KI AKTYÈL



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Prèv de Òganizasyon Biznis lan

## SÈTIKA ENKÒPORASYON

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**

*(Enter 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: 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOS-1239 (Rev. 5/03)

## SÈTIKA DE NON KE OU PRAN (DBA)

New York State Department of State  
 Division of Corporations, State Research & Uniform Commercial Code  
 One Commerce Plaza, 99 Washington Avenue  
 Albany, NY 12220  
[www.dos.ny.gov](http://www.dos.ny.gov)

**CERTIFICATE OF AMENDMENT  
 OF  
 CERTIFICATE OF ASSUMED NAME  
 OF**

*(Show Real Name of Entity)*

Under Section 136 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):

<input type="checkbox"/> Business Corporation Law	<input type="checkbox"/> Not-for-Profit Corporation Law
<input type="checkbox"/> Education Law	<input type="checkbox"/> Revised Limited Partnership Act
<input type="checkbox"/> Insurance Law	<input type="checkbox"/> Other (specify law): _____
<input type="checkbox"/> 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): \_\_\_\_\_

DOSB-NDRH-1 (Rev. 04/12)

Page 1 of 3

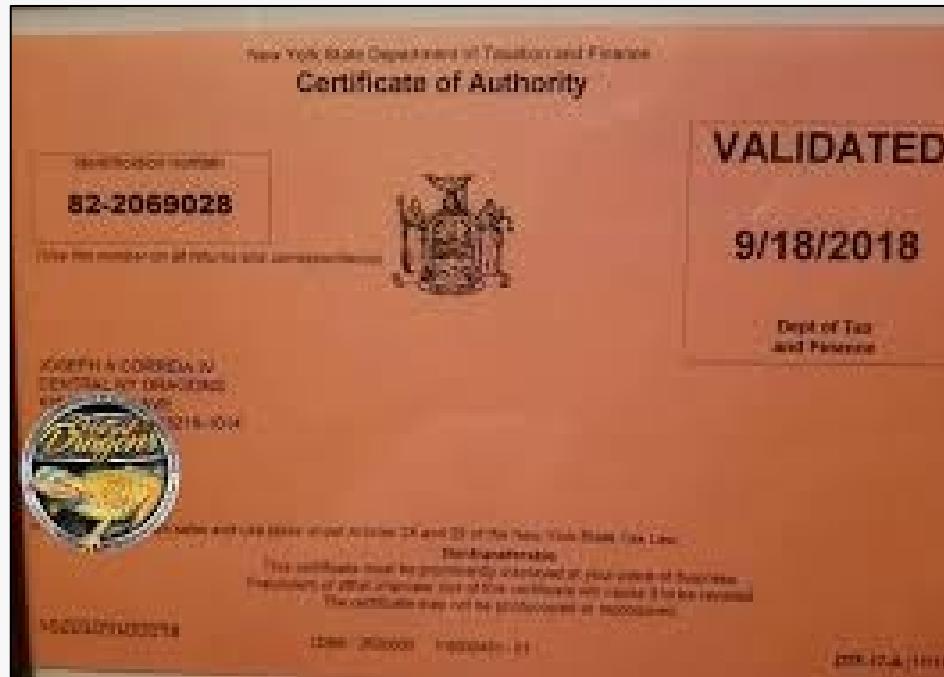


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# Prèv de Òganizasyon Biznis lan

## SÈTIKA OTORITE



## ATIK ENKÒPORASYON

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](http://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:



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# Prèv de Lokasyon Biznis lan ak Operasyon Aktyèl li

Aplikan yo dwe bay **de (2)** de bagay sa yo pou montre prèv de lokasyon biznis lan ak operasyon aktyèl:

- Lwaye aktyèl
- Bil kay
- Deklarasyon bank biznis kouran
- Deklarasyon ipotèk biznis kouran
- Deklarasyon kat kredi biznis lan
- Bil asirans pwofesyonèl
- Deklarasyon peman pa kat
- Dokimantasyon koleksyon taks lavant NYS ST-809 oubyen ST-100

**Nòt Enpòtan:** Nan dokiman ke nou mete pa anlè a, deklaryon pou mwa yo dwe te nan dènye 30 jou de lè ke aplikasyon an soumèt, e lòt dokiman yo dwe vèsyon ki pi resan ki siyen e depoze.

**NYS ST-809**

The image shows the front page of the NYS ST-809 tax return form. It includes the New York State logo, the title "New York State and Local Sales and Use Tax Return for Part-Quarterly (Monthly) Filers", and the tax period "January 1, 2020 - January 31, 2020". The form contains fields for business identification, tax rates, and detailed calculations for tax due and paid. A barcode is at the bottom.



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## Prèv de Òganizasyon Biznis lan

## DOKIMANTASYON TAKS POU VANT ST-100

	New York State Department of Taxation and Finance <b>New York State and Local Quarterly Sales and Use Tax Return</b>	<b>Quarterly ST-100</b>										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;">June</td> <td style="width: 33.33%;">July</td> <td style="width: 33.33%;">August</td> </tr> <tr> <td colspan="3" style="text-align: center;">Tax period</td> </tr> <tr> <td colspan="3" style="text-align: center;">June 1, 2009 – August 31, 2009</td> </tr> </table>	June	July	August	Tax period			June 1, 2009 – August 31, 2009			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Sales tax identification number</td> <td style="width: 90%; text-align: right; vertical-align: bottom;"> <input type="text"/> </td> </tr> <tr> <td colspan="2">Legal name (Print ID number and legal name as it appears on the Certificate of Authority)</td> </tr> <tr> <td colspan="2">DBA (doing business as) name</td> </tr> <tr> <td colspan="2">Number and street</td> </tr> <tr> <td colspan="2">City, state, ZIP code</td> </tr> </table>			Sales tax identification number	<input type="text"/>	Legal name (Print ID number and legal name as it appears on the Certificate of Authority)		DBA (doing business as) name		Number and street		City, state, ZIP code	
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Refer to Form ST-1004, Instructions for Form ST-100. If you have questions or need help. Please be sure to keep a completed copy of your return for your records.</td> <td style="width: 90%; text-align: right; vertical-align: bottom;"> <small>For office use only</small>  <input type="button" value="Proceed to Step 3, page 2"/> </td> </tr> </table>			Refer to Form ST-1004, Instructions for Form ST-100. If you have questions or need help. Please be sure to keep a completed copy of your return for your records.	<small>For office use only</small> <input type="button" value="Proceed to Step 3, page 2"/>								
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# DOKIMAN NYS-45 KI SOUMÈT PI RESAMMAN POU KONPAYI PATRON AN.

<b>NYS-45</b> (1/19)		Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return	
● 41919415			
Reference these numbers in all correspondence:			
UI Employer registration number	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Withholding identification number	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Employer legal name:			
<b>Number of employees</b> <small>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.</small>			
a. First month	b. Second month	c. Third month	
<b>Part A - Unemployment insurance (UI) information</b>			
1. Total remuneration paid this quarter.....	0 0		
2. Remuneration paid in excess of the UI wage base since January 1 (see inst.).....	0 0		
3. Wages subject to contribution (lines 1 and 2 above).....	0 0		
4. UI contributions due Enter your %.....	0 0		
5. Re-employment service fund (multiply line 3 x .0075).....	0 0		
6. UI previously withheld with interest.....	0 0		
7. Total of lines 4, 5, and 6.....	0 0		
8. Enter UI previously overpaid.....	0 0		
9. Total UI amounts due (If no 7 is greater than line 8, enter difference and mark "overpaid" below).....	0 0		
10. Total UI overpaid if line 8 is greater than line 7, enter difference and mark "overpaid" below).....	0 0		
11. Apply to outstanding liabilities and/or refund.....	0 0		
<b>Part B - Withholding tax (WT) information</b>			
12. New York State tax withheld.....	0 0		
13. New York City tax withheld.....	0 0		
14. Yonkers tax withheld.....	0 0		
15. Total tax withheld (add lines 12, 13, and 14).....	0 0		
16. WT credit from previous quarter's return (see inst.).....	0 0		
17. Form NYS-1 payments made for quarter.....	0 0		
18. Total payments (add lines 14 and 17).....	0 0		
19. Total WT amount due (line 15 is greater than line 18, enter difference and mark "overpaid" below).....	0 0		
20. Total amount of tax withheld if line 19 is greater than line 15, enter difference here and mark "A" in box 20(b)....	0 0		
20a. Apply to outstanding liabilities and/or refund.....	0 0		
<b>OR</b> <b>20b. Credit to next regular withholding tax.....</b>			
<b>* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.</b> <b>Complete Parts D and E on back of form, if required.</b>			
<b>Part C - Employee wage and withholding information</b>			
<b>Quarterly employee/payer wage reporting and withholding information</b> <small>(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.)</small>			
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-NY Ws-Yesters			
<b>Totals</b> (column c must equal remuneration on line 1; see instructions for exceptions)			
<b>Sign your return:</b> 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) _____ Date _____ Telephone number _____			
Signature (See instructions)		Signer's name (please print)	
Date		Title	
For office use only Postmark _____ Received date _____ UI SK AI WS BI			



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## Orè pwopriyete

Lis non, adrès, Nimewo Sekirite Sosyal(pou pwopriyetè ki pa Ameriken Nimewo Idantifikasyon Taks Endividyl), nimewo telefòn, imèl, pou santaj pwopriyetè, ak foto Idantifikasyon pou tout pwopriyetè ki gen 20% ou plis nan biznis lan.

Ou kapab telechaje fòm sa nan Pòtay la oubyen si ou [KLIKE LA](#).

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



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# Dokiman ki obligatwa pou distribisyon lajan (Sèlman pou Aplikan elijib ki Apwouve pou Sibvansyon)

W-9

**W-9**

Form  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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  C Corporation  S Corporation  Partnership  Trust/estate single-member LLC
- 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 Exemption 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) \_\_\_\_\_

5 Address (number, street, 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 registered 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 ►

## ENFÒMASYON KONT AN BANK

\* Bank Name \_\_\_\_\_

\* Routing Number  
*(What Is This?)* \_\_\_\_\_

\* Confirm Routing Number \_\_\_\_\_

\* Checking Account Number  
*(What Is This?)* \_\_\_\_\_

\* Confirm Checking Account Number \_\_\_\_\_



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# Konsèy pou Aplike



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## Konsèy #1: Sèvi ak Google Chrome

### ENSTRIKSYON

Pou pi bon eksperyans , tanpri sèvi ak Google Chrome pandan tout pwoesisis aplikasyon an.

Lòt navigatè entènèt kapab pa sipòte sistèm nou an e koze erè nan aplikasyon an.

Si ou pa gen Google Chrome nan aparèy ou, ou kapab telechaje li gratis nan <https://www.google.com/chrome/>

Anvan ou kòmanse aplikasyon an, tanpri fè bagay sa yo nan Google Chrome:

- 1. Efase "Cache" ou yo:** Done "Cache" se enfòmasyon ki te anrejistre nan sit entènèt ke ou te deja sèvi oubyen apliksyon e li sèvi prensipalman pou li ede'w pou ale sou entènèt pi rapid lè li gentan mete enfòmasyon'w. Men, done ki "cached" kapab genyen ansyen enfòmasyon tankou ansyen mo de pass oubyen enfòmasyon enkòrèk ke ou te mete. Sa kapab kreye erè nan aplikasyon'w lan e kapab vinn fè nou make enfòmasyon'w pou potansyèl fròd.
- 2. Ouvri "incognito mode":** "Incognito mode" pèmèt ou antre enfòmasyon'w an prive e li evite ke done'w anrejistre oubyen "cached".
- 3. Dezaktive "pop-up blocker":** Aplikasyon nou an enkli plizyè mesaj k'ap monte ke nou sèvi pou nou konfime presizyon enfòmasyon ke ou bay la. Ou sipoze dezaktive "pop-up blocker" nan Google Chrome pou wè mesaj sa yo.



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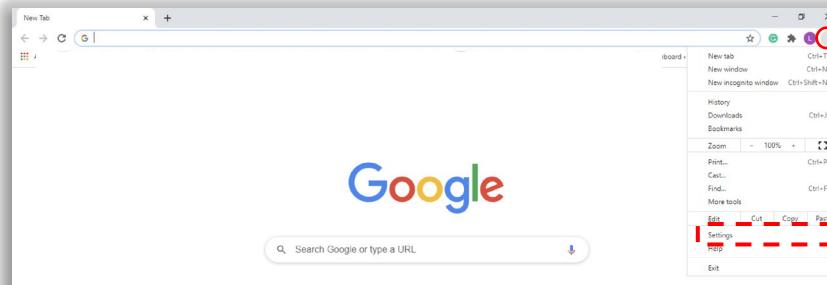
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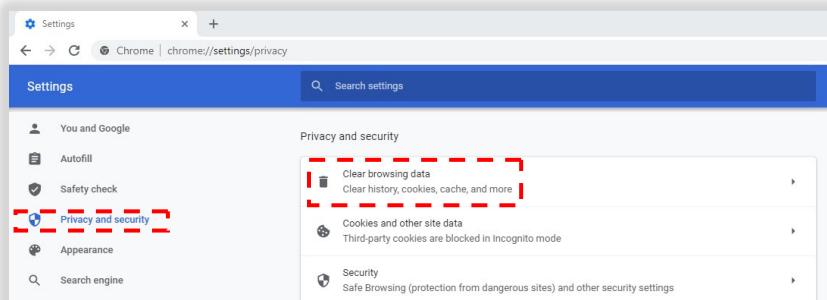
## Konsèy #2: Efase "Cache" ou yo

### ENSTRIKSYON

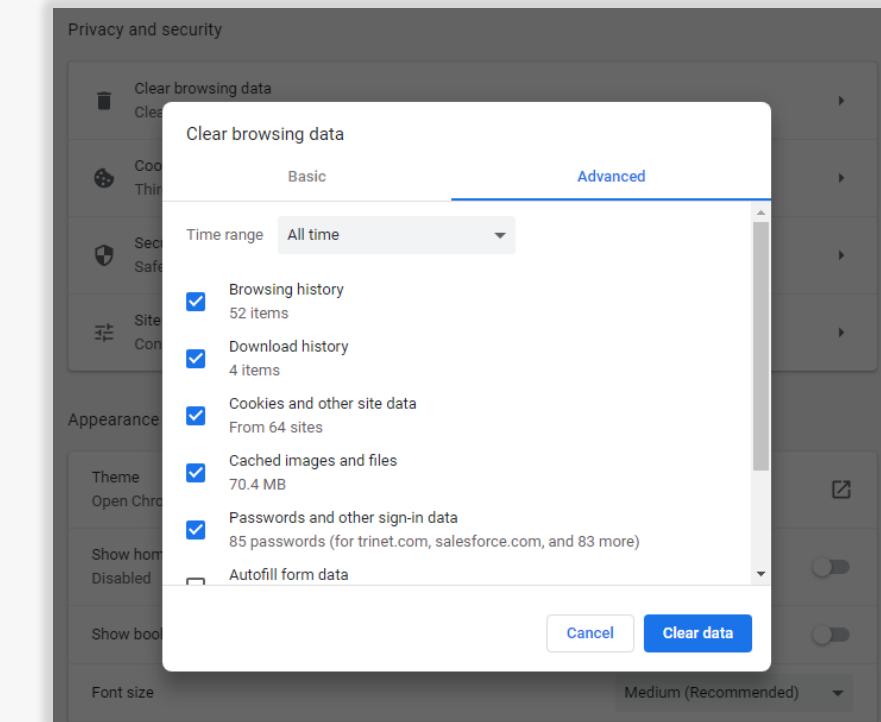
1. Klike sou twa ti pwen nan nan pwen at dwat pa anlè, epi ale nan "Settings".



2. Ale nan ""Privacy and Security"" Epi selekte "Clear Browsing Data".



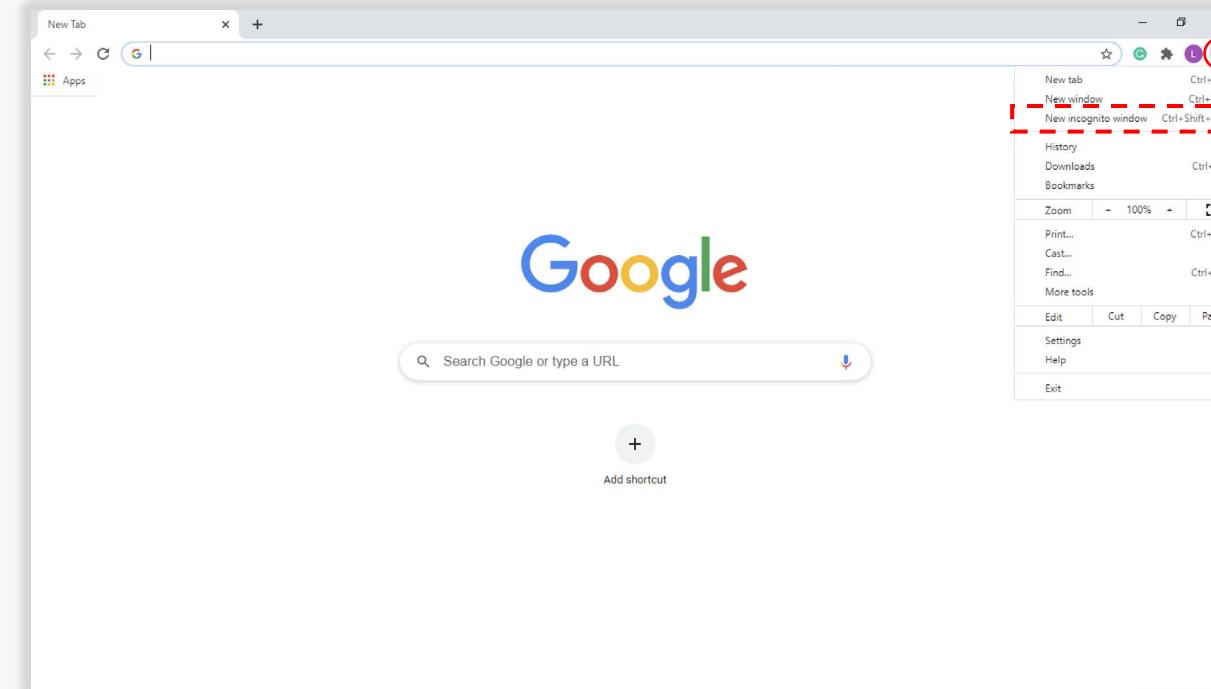
3. Selekte "Clear Data".



## Konsèy #3: Sèvi ak "Incognito Mode"

### ENSTRIKSYON

Klike sou twa ti pwen ki nan pwent at dwat pa anlè de navigatè entènèt la, epi selekte “**New incognito window**”. Navigatè'w la ap ouvri yon nouvo paj.



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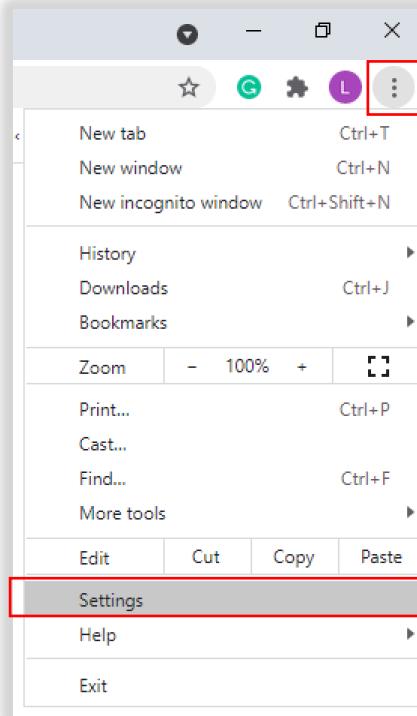
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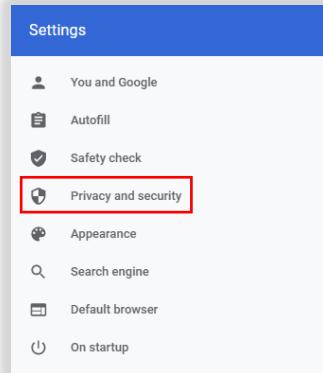
## Konsèy #4: Dezaktive "Pop-Up Blocker"

### ENSTRIKSYON

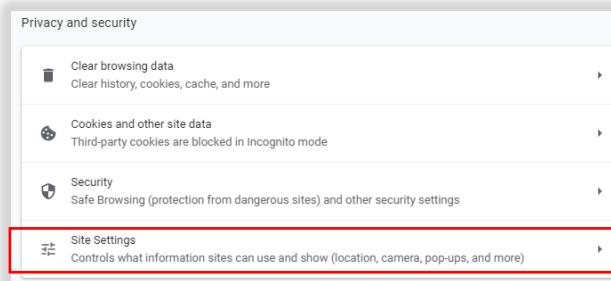
- Nan Google Chrome, klike sou twa ti pwen nan nan pwen at dwat pa anlè epi selekte **"Settings"**



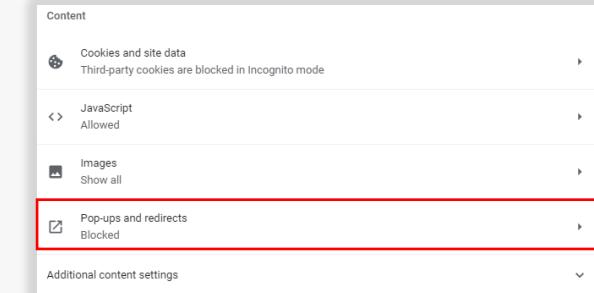
- Selekte **"Privacy and Security"**



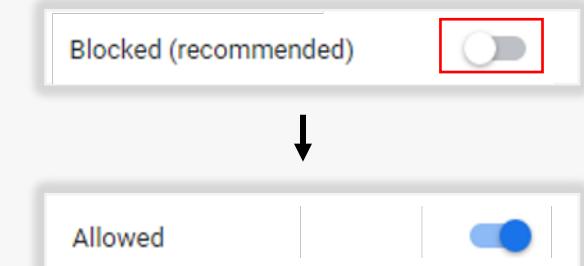
- Selekte **"Site Settings"**



- Selekte **"Pop-up and Redirects"**.



- Klike sou bouton an pou li kapab vini ble e estatu an chanje de**"Blocked"** a**"Allowed"**



## Konsèy #5: Soumèt tout dokiman yo sou fòma PDF

### ENSTRIKSYON

Fòm elektronik lan dwe klè, aliye dwat, e pou li pa gen okenn fon ki deranje'l.

Nòt enpòtan pou Telechaje Dokiman:

- **Tout dokiman dwe soumèt sou fòma PDF (dokiman .IMG ak .JPEG PA sipòte).**
- Gwosè dosye sipoze mwens de 15 megabit.
- Non fichye PAKA gen karaktè spesyal tankou (!@#\$%^&\*)\_+).
- Si fichye gen yon mo de pass ki pwoteje li, w'ap bezwen antre sa nan pòtay la sinon nou pap ka wè dokiman.

Si ou pa gen yon skanè, nou rekòmande pou sèvi ap apolikasyon telefòn gratis sa yo:

#### Genius Scan

Apple | [Klike la pou Telechaje](#)  
Android | [Klike la pou Telechaje](#)

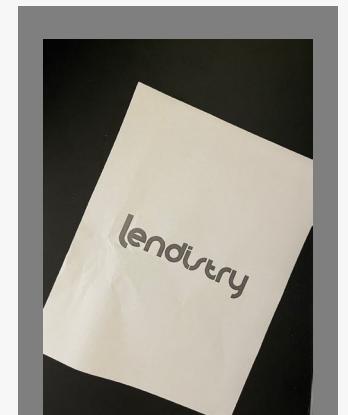
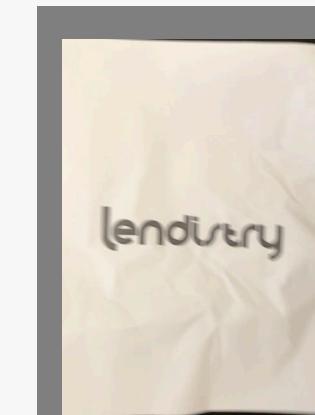
#### Adobe Scan

Apple | [Klike la pou Telechaje](#)  
Android | [Klike la pou Telechaje](#)

### KORÈK



### ENKORÈK



## Konsèy #6: Sèvi ak yon adrès imèl ki valid

### ENSTRIKSYON

Tanpri fè an sòt ke w'ap sèvi ak yon adrès imèl ki valid lè w'ap aplike.  
W'ap resevwa mizajou ak plis enstriksyon nan adrès imèl ke ou ba nou  
an.

**NÒT ENPÒTAN - sistèm nou an pap aksepte oubyen rekonèt adrès  
imèl sa yo:**

Imèl ki kòmanse ak **info@**  
Egzanp: info@mycompany.com

Imèl ki fini ak **@contact.com** oubyen **@noreply.com**  
Egzanp: example@contact.com  
Egzanp: example@noreply.com



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## Konsèy #7: Tradwi Aplikasyon an nan Lang ke ou Prefere

### ENSTRIKSYON

Aplikasyon nou an ap tradwi nan lang sa yo:

- Arabik
- Bangali
- Chinwa (Mandaren Senplifye)
- Fransè
- Alman
- Kreyòl Ayisyen
- Endou
- Italyen
- Koreyen
- Polich
- Ris
- Espanyòl
- Yidich

**Nòt Enpòtan:** Pou sipò ki pa an anglè pou konplete apliksyon an,  
tanpri kontakte sant apèl nou oubyen vizite

[www.nysmallbusinessrecovery.com](http://www.nysmallbusinessrecovery.com).



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# Aplikasyon an

## Ki enfòmasyon ke ou Bezwen



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# Anvan ke ou Kòmanse

## A KISA POU ATANN OU

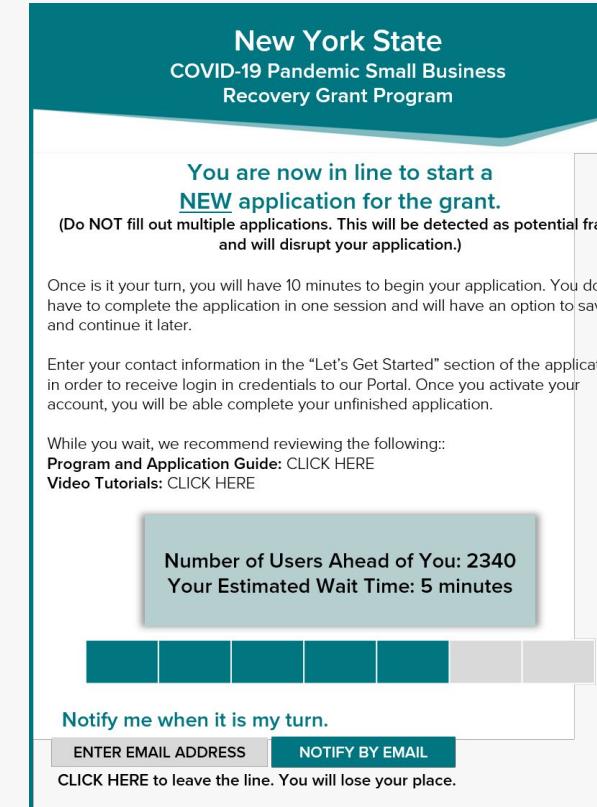
**Aplikasyon sibvansyon sa administre pa Empire State Development e aplike pa Lendistry.**

Anvan nou kòmanse, w'ap bezwen an liy nan yon chanb pou kòmanse yon NOUVO Aplikasyon.

**(Nòt Enpòtan: PA ranpli plizyè aplikasyon. Sa kapab vinn parèt tankou yon fròd a l'ap deranje aplikasyon an.)**

Ou pa bezwen konplete aplikasyon an nan yon sesyon e w'ap gen yon opsyon pou sofegade e kontinye pita.

Antre enfòmasyon kontak ou nan seksyon “Let's Get Started” de aplikasyon an pou resevwa enfòmasyon pou rantre sou kont ou nan Pòtay la. Yon fwa pou aktive kont ou, ou kpab konplete aplikasyon ki pokò fini an.



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## Seksyon 1: Kòmanse ak Aplikasyon'w lan.

### KI ENFÒMASYON KE'W BEZWEN?

- Premye Non
- Siyati
- Imèl
- Nimewo Telefòn
- Non Biznis
- Kòd Postal Biznis lan
- Patnè ki refere'w (Seleksyon pou pati sa pap enpakte aplikasyon'w lan)
- Langaj Prefere

**Nòt Enpòtan:** Tanpri sèvi ak yon adrès imèl ki valid nan seksyon sa. N'ap vote mizajou ki enpòtan ak plis enstriksyon nan adrès imèl ki ou bay la. Refere a "Konsèy pou Aplike" pou lis adrès imèl ki envalid.

### SMS/RÈGLEMAN TÈKS

Estatu pou mizajou pou apliksyon sibvansyon'w lan ap disponib nan SMS/Tèks. Pou kapab resevwa mizajou pa SMS/Tèks, tanpri bay konsantman'w apre ke ou finn li divilgasyon an epi ou cheke bwat la. Si ou ta renmen dezabone de sa, kite bwat la san ou pa cheke li.

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

First Name (Please enter answer in English) *	Last Name (Please enter answer in English) *
Jane	Doe
Email Address *	Confirm Email Address *
nyrecovery@yopmail.com	nyrecovery@yopmail.com
Owner cell Phone *	Confirm owner cell Phone *
123-555-0000	123-555-0000
Business Name (Please enter answer in English) *	Zip Code of Business *
My Company	10001
Referral Partner *	Preferred Language *
ACCORD Corporation	English
<input checked="" type="checkbox"/> I accept the <a href="#">SMS/Text Policy</a>	
<span style="background-color: #005a9c; color: white; padding: 5px 10px;">CONTINUE</span>	

### KONSANTMAN POU APÈL OTOMATIK OUBYEN MESAJ TÈKS:

#### 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.

Okay


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## Seksyon 2: Detay Pwopriyetè

### KI ENFÒMASYON KE'W BEZWEN?

- Premye Non Pwopriyetè
- Siyati Pwopriyetè
- Imèl Pwopriyetè
- Adrès, Vil, Eta, Kòd Postal ak Konte Pwopriyetè
- Dat Fèt Pwopriyetè
- Nimewo Sekirite Sosyal Pwopriyetè (oubyen ITIN)
- % Pwopriyetè a

### TÈM AK KONDISYON

Cheke bwat la pou rekonèt ke ou li e dakò ak Règleman e Kondisyon. Ou sipoze dakò pou kapab avanse ak aplikasyon sibvanson an.

**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 City (Please enter answer in English) *	New York City		
Owner Zip *	10001		
Owner date of birth (mm/dd/yyyy) *	12/03/1991		
% of Ownership *	100		
<input checked="" type="checkbox"/> I accept the <a href="#">Terms and Conditions</a>			

**SAVE & AGREE**

### TÈM AK KONDISYON

×

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

**Okay**



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## Seksyon 3: Enfòmasyon biznis

### KI ENFÒMASYON KE'W BEZWEN?

- Non Biznis
  - DBA (si li aplikab)
- Nòt: Si biznis ou a pa gen yon DBA, tape "NONE" nan seksyon sa.**
- Número Taks Biznis
  - Nimewo Telefòn Biznis
  - Tip de Biznis
  - Eta ke biznnis la te fòme.
  - Adrès, Vil, Eta, Kòd Postal ak Konte Biznis lan
  - Dat ke Biznis lan Kòmanse
  - Sit Entènèt Biznis lan

**Nòt: Si biznis ou a pa gen yon sit entènèt, tape "NONE" nan seksyon sa.**

**Business information**

Business Name *	My Company	DBA (Doing Business As)-[Note-If No DBA type <b>NONE</b> ] (Please enter answer in English) *
Business EIN (Only digits, cannot contain special character or spaces) *	00000001	Business Phone # *
Business Type *	Corporation	State of Incorporation *
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 *
County *	Albany County	Zip *
Date Business Established (mm/dd/yyyy) *	04/23/2016	Business Website URL - (If no website please type <a href="#">none.com</a> ) *



## Seksyon 4: Kòman nou kapab ede'w?

### KI ENFÒMASYON KE'W BEZWEN?

- Rezon pou Sibvansyon an
- Estimasyon Montan Elijibilite Sibvansyon  
**Nòt: Montan ke ou mande a baze sou Revni Anyèl Biznis la an 2019.**
- Revni Anyèl Brit pou 2019 (sa dwe matche retou taks ou)
- Eske biznis lan te fè profi an 2019? (Liy 28, Fòm IRS 1120; Liy 22, Fòm IRS 1065; oubyen liy 34, Fòm IRS 1040 Schedule C).
- # Anplwaye an Plen Tan (2020)\*
- # Anplwaye Pasyèl (2020)\*
- # de Travay ke ou Kreye (2020)
- # de Travay ke ou Kenbe (2020)

**\*Mèt Biznis ki touche tankou anplwaye biznis lan e resevwa yon W-2 dwe enkli tèt yo nan nonb anplwaye ke yo konte.**

The screenshot shows a web-based application form. At the top left is a vertical decorative element with a circular icon at the top. To its right is the heading "How can we help you". Below this are several input fields:

- Purpose of grant \*: Payroll Costs
- Estimated grant eligibility amount \*: \$ 10000 [Check Eligibility](#)
- 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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## Seksyon 5: Demografi biznis lan

### KI ENFÒMASYON KE'W BEZWEN?

- Kiyès ki baz konsomatè'w?
  - **B2B: Biznis a Biznis**  
Konpayi ki bay sèvis oubyen pwodwi bay lòt konpayi
  - **B2C: Biznis a Konsomatè**  
Konpayi ki vann dirèkteman a konsomatè endividyèl
- Kisa Biznis ou fè? Ki tip de Biznis ke li ye?
- Di nou plis.
- Kòd NAICS\*
- Biznis ke Fanm Posede?\*\*+
- Biznis ke Veteran Posede?\*
- Andikape?\*\*
- Ras?
- Etnisite?
- Franchiz?
- Biznis ke Minorite Posede?\*\*+

Sistèm Kòd NAICS sèvi pa Ajans Federal Statistik pou yo kolekte, analize, e pibliye done statistik ki gen rapò ak Ekonomi Etazini.

NAICS se yon sistèm ki atribye a tèt li; pa gen moun ki kapab atribye'w yon kòd NAICS.

Sa sa vle di sè ke konpayi an atribye yon kòd a ou menm ki pi byen dekri aktivite prensipal biznis ou e li sèvi ak li lè yo mande pou kòd la.

Pou jwenn kòd NAICS ou, ale nan [www.naics.com](http://www.naics.com).

\*\*Moun ki dirèktenman posede plis ke 50% nan enterè pwopriyete biznis lan.

+Sètifikasyon Eta New York pa nesesè



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## Seksyon 6: Divlgasyon

### KI ENFÒMASYON KE'W BEZWEN?

1. De dat aplikasyon an eske biznis ou ouvri e ap opere?
2. Eske biznis ou òganize kòm yon Biznis Pou-Profi?
3. Eske ou an bon konfòmite ak lwa federal, leta, ak lokal, règleman, kòd ak kondisyon ki aplikab?
4. Eske ou dwe okenn taks federal, leta, oubyen lokal anvan 15 Jiyè, 2020, e ou pa gen yon repeman ki apwouye, plan pou peye pita, oubyen yon akò ak otorite taks federal, leta, ak lokal ki apwopriye?
5. Eske Biznis ou se yon Biznis Atizasa Endependan Pou Profi ak sektè kiltirèl jan nou defini'l pa anlè? (si ou reponn "wi" tanpri reponn kesyon adisyonèl ki nan aplikasyon an)
6. Eske ou se yon biznis ke yon Veteran ki Andikape posede?
7. Eske biznis ou an fèt tankou yon kooperativ travayè?
8. Eske plis de 50% ti biznis lan pou yon moun ki sosyalman e ekonomikman nan dezavantaj, ki kapab enkli minorite oubyen ki pou fanm, yon veteran ki andikape oubyen biznis ki pou yon veteran, oubyen biznis ki lokalie nan kominate ki gen detrès ekonomik anvan 1 Mas, 2020 (daprè Sansis Etazini)?
9. Revni anyèl brit pou 2019? (sa dwe matche retou taks ou)
10. Revni Anyèl Brit pou 2020? (sa dwe matche retou taks ou)
11. Pou konbyen mwa ou te an operasyon an 2019?
12. Pandan pandemi COVID-19, eske biznis ou resevwa okenn finansman ijans ki gen rapò ak COVID-19?
13. Eske ou te resevwa okenn èd oubyen sipò de yon Founisè Asistans Teknik Eta New York?
14. Eske ou te resevwa okenn èd oubyen sipò de yon Sant Asistans pou Antreprenè, founisè (EAC) ?
15. Eske ou te resevwa okenn èd oubyen sipò de yon Enstitisyon Devlòpman Finansyè (CDFI)?
16. Eske ou te resevwa okenn èd oubyen sipò de Chanb Komès?
17. Eske ou te resevwa okenn èd oubyen sipò de Sant Devlòpman Ti Biznis (SBDC)?
18. Eske biznis ou an aktyèlman bezwen sipò asistans teknik oubyen èd?
19. Eske biznis ou an aktyèlman bezwen yon prè?

**Disclosures**

1) Are you in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements?

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?

3) Is your business in the For-Profit Independent arts and cultural sector as defined above?

4) Annual business revenue for 2019 (this should match your tax return)

5) Annual business revenue for 2020 (this should match your tax return)

6) Number of months in existence for 2019



## Seksyon 7: Konfimasyon

### ENSTRIKSYON

Nan fen aplikasyon an, ou gen de opsyon:

#### 1. Sofgade aplikasyon an e fini'l pita: Selekte NO

Si ou ta renmen sofagde e konplete aplikasyon an pita, selekte **NO** kite pati an vid e klike "Save & Continue Later"

**Nòt Enpòtan:** Aplikasyon'w lan dwe konplete pou nou kapab konsidere'w pou sibvansyon an.

#### 2. Konplete aplikasyon'w lan e soumèt: selekte YES

Si enfòmasyon ke ou bay la korèk e ou ta renmen konplete aplikasyon an pou soumèt li, selekte **YES** e klike "Continue".

**Nòt Enpòtan:** Ou papkapab chanje aplikasyon'w lan yon fwa ke ou finn soumèt li.

Si mesaj konfimasyon pa parèt, tanpri fè an sòt ke ou dezaktivé "pop-up bloker" w nan navigate entènèt ou.

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.

Please select Yes or No ▾

Tout Aplikan ankouraje pou yo telechaje dokiman ki obligatwa yo nan 14 jou apre ke yo finn aplike. **Si ou pa konplete aplikasyon e telechaje tout dokiman obligatwa yo nan 60 jou sa ap fè ke aplikasyon an vinn inaktiv.**



## Seksyon 8: Mesaj Konfirmasyon

### ENSTRIKSYON

W'ap resevwa mesaj sa lè ou finn soumèt aplikasyon'w lan ak siksè

#### A KISA POU ATANN OU APRE

W'ap resevwa yon imèl ki separe ki gen non itilizatè ak mo de pass pou Pòtay la. Tanpri sèvi ak kalifikasyon sa yo pou rantre sou kont ou pou konplete tout etap sa yo:

1. Aktive e Rantre sou kont ou nan Pòtay la
2. Telechaje tout dokiman ki obligatwa yo nan yon fòma ki akzeptab.
3. Telechaje tout dokiman ki obligatwa yo nan yon fòma ki akzeptab.

Tanpri cheke imèl ou nan Clutter, Junk, ak Spam pou non itilizatè'w ak mo de pass ou de no-reply@mylendistry.com pou aktive kont ou e pou telechaje dokiman.

**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](mailto: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](http://www.nysmallbusinessrecovery.com).

Please use [this link](#) to add additional information or upload requested documentation.



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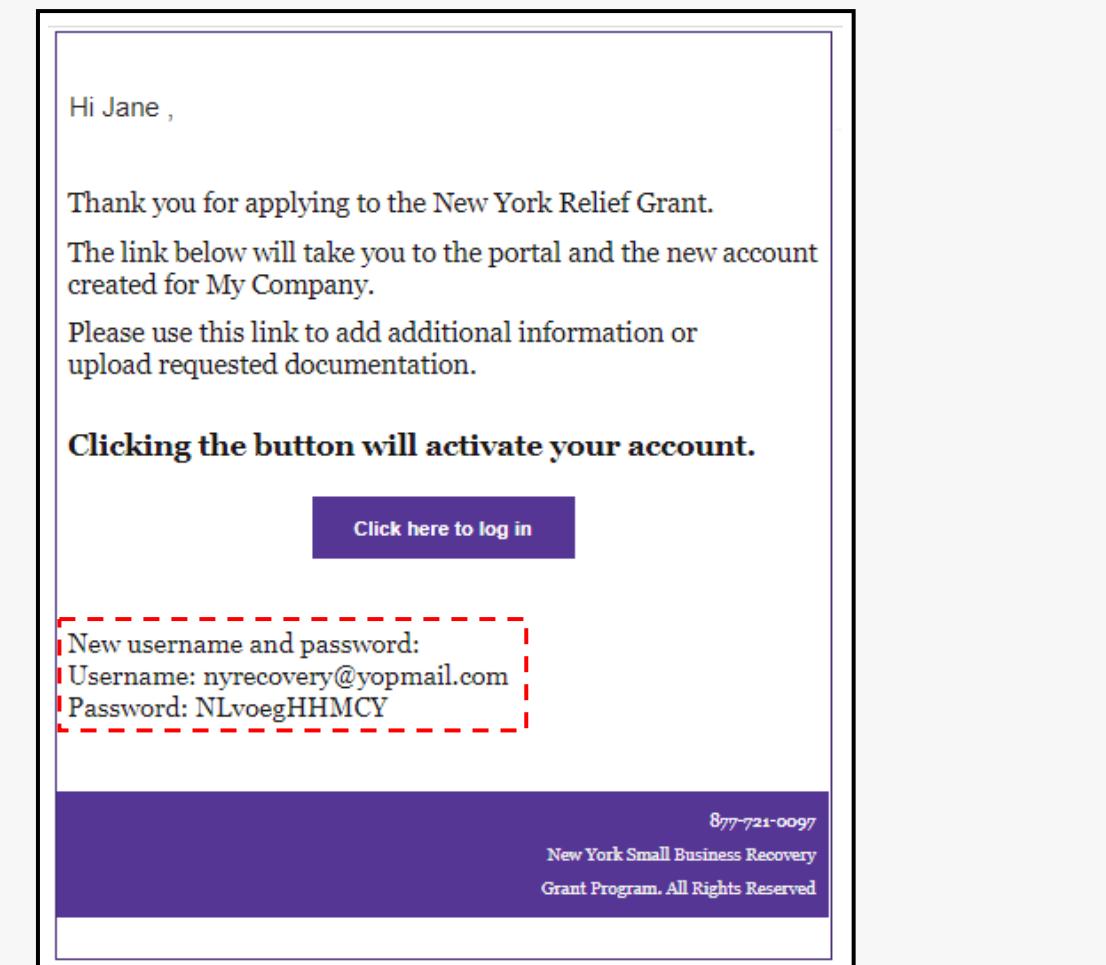
## Seksyon 9: Jwenn Non Itilizatè ak Mo de Pass ou

### ENSTRIKSYON

1. Tanpri cheke adrès imèl ou ke ou antre nan seksyon "let's get started with your application" "An nou kòmanse ak aplikasyon'w lan" pou aplikasyon sibvansyon an pou non itilizatè'w ak mo de pass ou pou Pòtay la.

Si ou pa jwenn imèl sa nan bwat prensipal ou, tanpri cheke nan bwat spam oubyen junk ou.

2. Aktive kont ou lè ou klike "Click here to log in".



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OPPORTUNITY

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# E stati Aplikasyon an nan Pòtay la

(Kisa To Vle Di ak Kisa Ou Dwe Fè)



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# Kòman pou jwenn Estati Aplikasyon'w lan nan Pòtay la

## Grant Application

#DIR400022432

Aplike pou: NYR

### Incomplete

Ou estime ke montan sibvansyon an se:

**\$0.00**
[Edit Application](#)

## Grant Application

#DIR400022432

Aplike pou: NYR

### Awaiting Selection Process

Ou estime ke montan sibvansyon an se:

**\$10,000.00**
[Upload Documents & Bank Info](#)

## Grant Application

#DIR400022432

Aplike pou: NYR

### An Revi, Ap Tann Validasyon

Ou estime ke montan sibvansyon an se:

**\$10,000.00**
[Upload Documents & Bank Info](#)

## ENKONPLÈ

**Kisa sa vle di:** Si ou kòmanse yon aplikasyon sou entènèt men ou pa konplete li.

**Kisa ou dwe fè:** Rantre sou kont ou nan Pòtay la e konplete tout pati nan aplisyón an. Ou dwe soumèt yon aplikasyon ki fini pou nou kapab konsidere'w pou sibvansyon an.

## AP RET TANN SELEKSYON PWOSESIS

**Kisa sa vle di:** Ou soumèt yon aplikasyon ki konplè e ki aktyèlman anba revisyon pou elijibilite.

**Kisa ou dwe fè:** Cheke imèl ou pou notifikasyon sou desizyon seleksyon an. Telechaje tout dokiman ki obligatwa yo nan yon fòma PDF. Se oubyen ou selekte oubyen ou pa selekte pou kapab kontinye nan pwosesis aplikasyon an.

## AN REVIZYO, AP TANN VALIDASYON

**Kisa sa vle di:** Ou ranpli kondisyon minimum pou elijibilite pwogram lan e ou selekte pou kapab kontinye avanse nan pwosesis aplikasyon an. Jis paske nou selekte'w pa garanti ke y'ap jwenn finansman. Lendistry ap imèl ou oubyen rele'w pou li mete'w ajou sou apliksyon'w lan

**Kisa ou dwe fè:** Toujou cheke pou kontak de Lendistry. Komplete okenn rekèt ke yon mande'w nan yon delè rapid.



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## Kòman pou jwenn E stati Aplikasyon'w lan nan Pòtay la

Grant Application  
#DIR400022432  
Aplike pou: NYR

Nou pat selekte aplikasyon'w lan.  
Ou estime ke montan sibvansyon an se:  
**\$10,000.00**

[Upload Documents & Bank Info](#)

### PA SELEKTE

**Kisa sa vle di:** Ou pa ranpli kondisyon minimum pwogram lan pou gen elijibilite e aplikasyon'w lan pa kalifye.

**Kisa ou dwe fè:** Si ou panse ke aplikasyon'w lan pat kalifye pa erè, tanpri rele Sant Apèl nou pou asistans.

Grant Application  
#DIR400022432  
Aplike pou: NYR

Inaktif  
Ou estime ke montan sibvansyon an se:  
**\$10,000.00**

[Upload Documents & Bank Info](#)

### INAKTIF

**Kisa sa vle di:** Si ou kòmanse yon aplikasyon men ou pa konplete li e telechaje tout dokiman obligatwa yo nan 60 jou. N'ap konsidere apikasyon'w lan kòm inaktif e nou pap kontinye revize li.

**Kisa ou dwe fè:** Si ou ta renmen kontinye ak pwoesisis aplikasyon an, tanpri rele nou nan Sant Apèl nou pou reyaktive apliasyon'w lan.



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# Telechaje Dokiman yo

Kòman pou telechaje dokiman nan Pòtay la



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# Yon ti koutje sou Pòtay

## NÒT ENPÒTAN

Anvan ou kòmanse, tanpri gade nòt sa yo pou kapab asire ke dokiman yo telechaje korèkteman:

- Enfòmasyon'w nesesè sèlman si ou apwouve pou finansman.
- Si yon dokimman pa aplike a biznis ou, tanpri selekte N/A.
- Tout dokiman dwe soumet kòm yon fòma PDF. Gwosè dosye PDF sipoze mwens de 15 megabit. Dokiman ki gen plizyè paj dwe soumet kòm yon sèl (1) dosye PDF.**
- PA mete okenn karaktè spesya (tankou ~!@#\$%^&\*()\_+) nan non dosye a. Pòtay nou an pap rekonèt karaktè spesyal.
- Si fichye gen yon mo de pass ki pwoteje li, w'ap bezwen antre sa nan pòtay lan.

The screenshot shows a user interface for uploading documents. At the top, there are tabs for 'UPLOAD DOCUMENTS' and 'BANK INFO'. A note says 'Your business is a Corporation' and provides a link to change the business type. An important note at the bottom of the first section advises users to avoid opening multiple tabs to prevent errors. Below this, a section titled 'Please upload each document under the corresponding category listed below.' lists several categories with status indicators: 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, with a checkbox for 'N/A'), NYS 45 (Pending, with a checkbox for 'N/A'), and Completed IRS Form 4506 C (only if requested by Lendistry) (Pending, with a checkbox for 'N/A').

Tout Aplikan ankouraje pou yo telechaje dokiman ki obligatwa yo nan 14 jou apre ke yo finn aplike. **Si ou pa konplete aplikasyon e telechaje tout dokiman obligatwa yo nan 60 jou sa ap fè ke aplikasyon an vinn inaktiv.**



# Kòman pou telechaje dokiman nan Pòtay la

## ENSTRIKSYON

**ETAP 1:** Selekte tip dokiman e klike flèch ki pwente pa anba e ouvri katab la.

Please upload each document under the corresponding category listed below.

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

**ETAP 2:** Klikke "Browse" pou lokalize dokiman ki nan aparey ou. TOU! dokiman dwe telechaje kòm yon PDF.

Government Issued Photo ID/ITIN CP565

Pending

Please upload document for government issued photo id/itin cp565

BROWSE...

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.)

## ETAP 3:

- Si ou gen yo mo de pass ki pwoteje dokiman, selekte **YES** de meni ki desann epi antre mo de pass lan.

New Documents

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

- Si dokiman PA pwoteje pa yon mo de pass, selekte **NO** de meni ki desann epi kite bwat mo de pass lan vit.

New Documents

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

- Klikke "Upload Documents" pou konplete telechaj la. Estati dokiman ak chanje de "PENDING" a "COMPLETED"

Government Issued Photo ID/ITIN CP565

Pending

Please upload document for government issued photo id/itin cp565

BROWSE...

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	trash

UPLOAD DOCUMENTS

Government Issued Photo ID/ITIN CP565

Completed

Please upload document for government issued photo id/itin cp565

BROWSE...

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	eye	trash



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# Sètifikasyon Aplikan

Kòman pou Telechaje e Konplete Fòm nan



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# Sètifikasyon Aplikan

## KISA Kİ SËTİFIKASYON APLIKAN?

Kòm yon pati de pwosesis aplikasyon an, w'ap bezwen pou sètifye tèt ou pou presizyon enfòmasyon ke ou bay la lè ou siyen Sètifikasyon pou Aplikasyon an.

Sètifikasyon Aplikasyon an ap disponib sou entènèt pou kapab telechaje li e konplete li. Yon Sètifikasyon pou Aplikasyon ki siyen se yon dokiman nesesè pou pwosesis sibvansyon an e w'ap bezwen telechaje li nan Pòtay la.

Ou kapab konpete Sètifikasyon Aplikasyon an de jan:

1. Telechaje e siyen sètifikasyon elektronikman oubyen
  2. Enprime e telechaje fòm nan a la men.

**KLIKE LA** pou telechaje oubyen enprime Sètifikasyon Aplikasyon an.

Apre ou konplete Sètifikasyon Aplikasyon, telechaje li nan Pòtay la.

<p><b>NEW YORK STATE COVID-19 PANDEMIC SMALL BUSINESS RECOVERY GRANT PROGRAM</b></p> <p><b>APPLICATION CERTIFICATION</b></p> <p>In connection with the New York State COVID-19 Pandemic Small Business Recovery Grant Program (the "Program") as set forth by the State of New York ("the State") and administered by the New York State Office of Disaster Emergency Services ("the ODES"), the undersigned, the applicant, the entity named below, and authorized representative of the below-referenced applicant business (the "Applicant"), acknowledges and agrees on behalf of the Applicant, that he/she, and ESS, and ESS Capital, Inc., do hereby certify the designation of the individual(s) listed on the attached application as being qualified to receive the below certifications in determining the Applicant's eligibility for receipt of a grant under the Program.</p> <p>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):</p> <ol style="list-style-type: none"> <li>The undersigned signature (a) is a duly authorized owner and representative of Applicant; (b) except to the extent Applicant is a corporate entity, holds at least 20% of the outstanding stock or equity interest; and (c) has full authority to make the certifications referenced herein on Applicant's behalf.</li> <li>Applicant represents, warrants, and agrees that it has the full authority to make the certifications referenced herein.</li> <li>Applicant acknowledges and agrees that the total ESS, and/or Landry's cash reserves at the time of application to all or any portion of the grant funds (any of the amounts made herein are determined to be false or untrue).</li> <li>Applicant acknowledges and agrees that it will cooperate fully and provide such information as is reasonably requested by the State, ESS, Landry's, and/or their authorized designees, including financial information, records, and other relevant information. Any such request may include, without limitation, <b>auditing</b>, and/or other information regarding Applicant's business activities and/or financial condition.</li> <li>Applicant represents, warrants, and agrees that all or any portion of their authorized designs, may publicly release information regarding any climate award, including (but not limited to), Applicant's name, address, business location, website, information, and grant award amount, to the public via ESS, Landry's, and/or their authorized designees. Such designs to make such public statements regarding Applicant for purposes of the foregoing. Applicant further represents, warrants, and agrees that they will not violate any applicable laws or regulations, including the NY State Environmental Conservation Law and any information within its cause and/or control may be subject to disclosure.</li> <li>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 Organizations." The term "Small Business" means a business that is a for-profit entity 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 persons, and includes a business that is a sole proprietorship, partnership, corporation, limited liability company, or association, and is not a franchise, and is not a business that is incorporated or organized outside of New York State and transacts or does business in New York State, is independently owned and operated, not dominant in its field, and employs ten or less persons;</li> <li>Applicant is a currently viable Small Business, Micro-Business, and/or profit independent arts and cultural organization as determined by Applicant's most recent profit reported on Applicant's 2019 federal tax return, that began operations on or before March 1, 2020 and remains in operation as of the date of application to all or any portion of the grant funds (any of the amounts made herein are determined to be false or untrue); and (b) has been negatively impacted as stated in compliance with Governor Cuomo'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 of application to all or any portion of the grant funds, to re-open or become partially open, Applicant may be required to return all or any portion of such grant award funds.</li> <li>Applicant has experienced, and/or will provide satisfactory evidence of, loss of gross revenue, gross receipts, or gross margin, and/or a significant reduction in gross revenue, gross receipts, or gross margin, which resulted in Applicant's business modifications, interruptions, or closures ("COVID-19 health and safety related losses"). Such losses are determined by the suspension of operations by executive order 242 of 2020 issued by the Governor of the State, or any other state, local, or regional order issued in response to the COVID-19 pandemic, or any other state, rule, or regulation impacting the ability of the business to operate.</li> <li>Applicant hereby represents and warrants to each and to the following:       <ol style="list-style-type: none"> <li>Applicant had 2019 or 2020 gross receipts of between \$25,000 and \$2,500,000 per year;</li> <li>Applicant's business generated a positive net profit in 2019, as reflected on Applicant's 2019 final federal tax return;</li> <li>Applicant's business had twenty-five percent (25%) loss in annual gross receipts in 2020, based on a year-to-year revenue comparison as of December 31, 2020 to the same period in 2019, as reflected on the 2020 final federal tax return; and</li> </ol> </li> <li>Provided that, solely for the purposes of the 2020 annual gross receipts calculation, any 2020 gross receipts from the State of New York, including, but not limited to, Unemployment Compensation and/or New York State Low Wage Assistance Program proceeds received by the undersigned, as reflected on their 2020 audited financials, shall be excluded from the calculation of the 2020 annual gross receipts;</li> <li>Applicant's 2020 total expenses, as reflected on Applicant's 2020 final federal tax return, exceed the aggregate amount of grant funds Applicant is eligible for under this Program;</li> <li>Applicant is in substantial compliance with applicable federal, state, and local laws, regulations, codes, and requirements.</li> <li>Applicant certifies that:       <ol style="list-style-type: none"> <li>New York State COVID-19 Pandemic Small Business Recovery Grant Program Page 2 of 2</li> </ol> </li> </ol>	<p>July 15, 2020, unless such outstanding balance is covered by an approved repayment plan, a deferral plan, or other agreement with the appropriate state, local or tribal government;</p> <p>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, a deferral plan, or other agreement with the appropriate state, local or tribal government;</p> <p>12. Applicant has either (a) not qualified for any business grant assistance programs under the federal American Recovery Plan Act of 2020 or any other available federal COVID-19 economic recovery or stimulus programs, grant programs, including, but not limited to, the federal Paycheck Protection Program, or (b) has received a grant under such other available federal COVID-19 economic recovery or stimulus programs, provided, however, that ESS will be disqualified from this Program if they have received a grant under (a) or (b) above:</p> <ol style="list-style-type: none"> <li>United States Small Business Administration ("SBA") Paycheck Protection Program loans;</li> <li>COVID-19 Economic Injury Disaster Loans ("EIDL") Advance Grant of \$10,000 or less;</li> <li>COVID-19 Economic Stabilization Targeted Advance Grant of \$10,000 or less; or</li> <li>Other grants.</li> </ol> <p>Applicant acknowledges that ESS may verify such information available on the internet and documentation provided by Applicant, including, without limitation Applicant's bank statements and other financial documentation;</p> <p>13. Other business is currently operational and Applicant is not restricted by any state, local or other agency;</p> <p>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:       <ol style="list-style-type: none"> <li>any payroll costs;</li> <li>commercial rent or mortgage payments for property located in the State, excluding any short-term leases;</li> <li>any utility costs;</li> <li>any leasehold improvements or tenant allowances;</li> <li>any costs of property or vehicle taxes associated with a small business location within the State;</li> <li>any costs of personal protective equipment;</li> <li>any costs relating to maintaining, repairing, and/or upgrading facilities to prevent the spread of COVID-19 health and safety measures;</li> <li>any costs relating to the procurement of personal protective equipment necessary to protect the health and safety of workers and consumers;</li> <li>any costs relating to the acquisition of equipment to support COVID-19 health and safety measures;</li> <li>any other documented costs related to COVID-19, as approved by ESD.</li> </ol> </p> <p>15. If awarded, no portion of the grant funds will be used for any purpose other than those listed in Section 14 above. Specifically, Applicant may not use any portion of the grant funds to reward any party, or any other individual, for the purchase of a COVID-19 relief package for business assistance or any State business assistance programs. Applicant acknowledges and agrees that if any of the above conditions are violated, the grant funds will be immediately terminated, and ESS, Applicant, and/or any other owner/shareholder shall be liable, including, but not limited to, pre-judged charges of fraud.</p>
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# Telechaje e Konplete Sètifikasyon Aplikasyon an Elektronikman

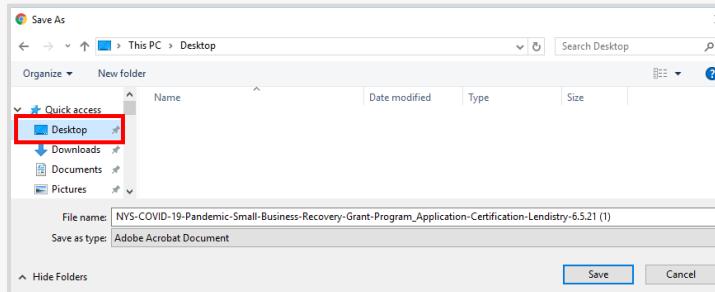
## ENSTRIKSyon

**ETAP 1:** [KLIKE LA](#) pou wè Sètifikasyon Aplikasyon an.

**ETAP 2:** Klike sou  imaj pou telechaje Aplikasyon Sètifikasyon an nan òdinatè'w.



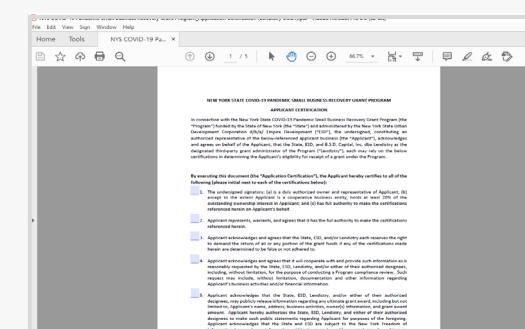
**ETAP 3:** Sofgade sètifikasyon an sou òdinatè a.



**ETAP 4:** Ale nan òdinatè, lokalize Sètifikasyon Aplikasyon epri ouvri fichye a.



**ETAP 5:** Sètifikasyon Aplikasyon an ap ouvri kòm yon fichye PDF. Konplete Sètifikasyon Aplikasyon si ou antre inisyal ou apre chak liy ki nimewote epi antre siyati'w ak enfòmasyon biznis ou nan Paj 5.



**ETAP 6:** Ale nan File > Save oubyen peze CTRL+S sou klavye'w pou sofgade Sètifikasyon Aplikasyon an ki finn siyen

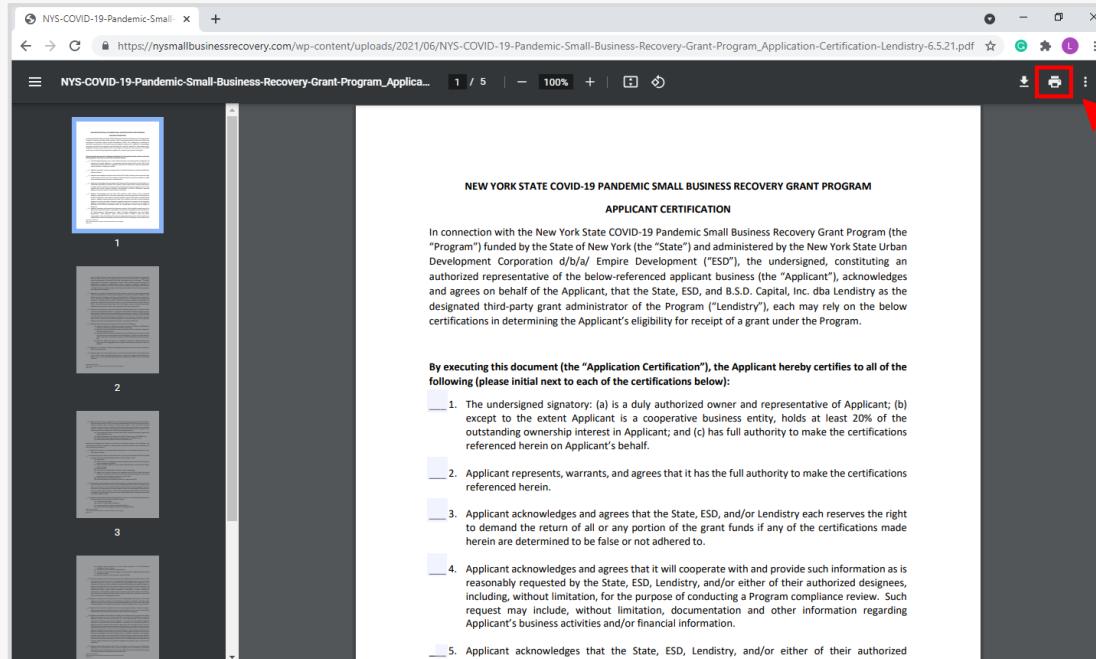
**ETAP 7:** Telechaje yon Sètifikasyon Aplikasyon ki konplete nan Pòtay la.

# Telechaje e Konplete Sètifikasyon Aplikasyon a la Men

## ENSTRIKSYON

**ETAP 1:** [KLIKE LA](#) pou wè Sètifikasyon Aplikasyon an.

**ETAP 2:** Enprime Sètifikasyon Aplikasyon an lè ou klike sou imaj enprimant lan.



**ETAP 3:** Ranpli Sètifikasyon Aplikasyon ak yon plim nwa ak yon ekriti ke ou kapab li.

**ETAP 4:** Skane Sètifikasyon Aplikasyon ki konplete e telechaje li nan Pòtay la.



# Lye enfòmasyon Bank ou.

(Nesesè sèlman si ou apwouve pou finansman)



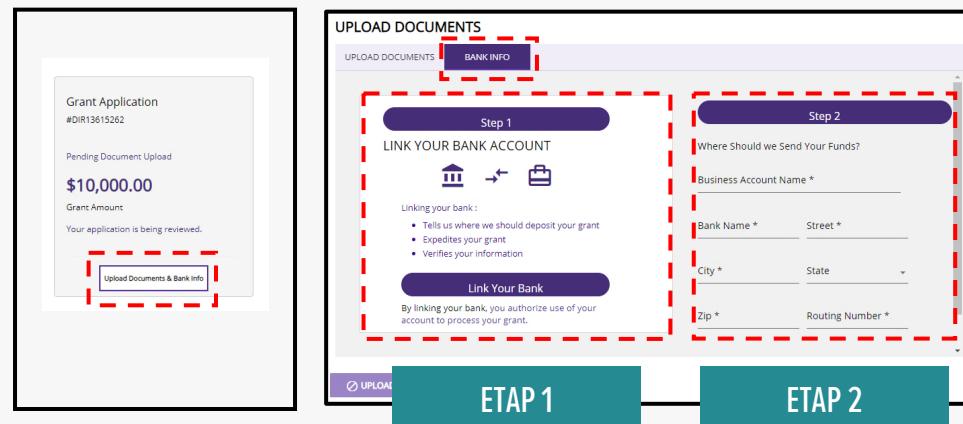
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## Kòman pou lye kont a Bank ou nan Pòtay la

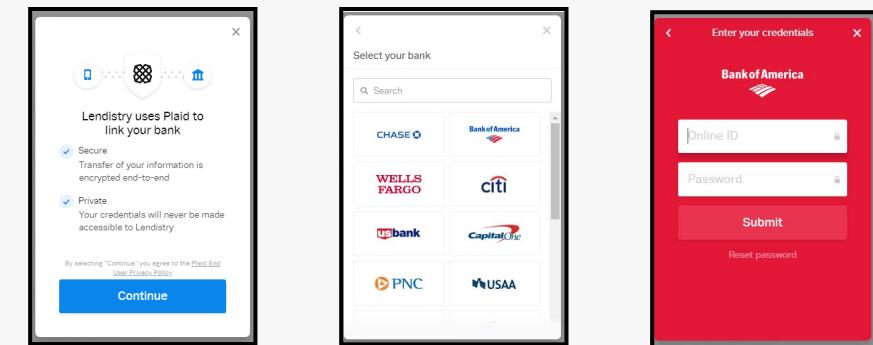
Lendistry sèvi ak yon teknoloji tyès pati (Plaid) pou kapab ranje transfè lè ou konekte kont de nenpòt bank oubyen "Credit Union" nan Etazini a yon aplikasyon tankou Pòtay Lendistry. Tyès pati an pa pataje enfòmasyon pèsonèl ou san pèmisyon'w e li pap vann oubyen lwe li bay konpayi ki pa deyò. Sèvis enfòmasyon pèsonèl ou nan oubyen a travè Plaid a aplike a Règleman sou Vi Prive Itilizatè Plaid (<https://plaid.com/legal/#end-user-privacy-policy>). Lendistry sèvi ak teknoloji sa pou li verifye e revize deklarasyon bank ou. Metòd verifikasyon bank sa prefere, men li kapab pa toujou akseptab, sa enklisi konpayi bank ou pa disponib a travè founisè sa. Nan ka sa, ou kapab verifye kont an bank ou lè ou sèvi ak lòt metòd sa yo.

### KÒMAN POU VERIFYE KONT AN BANK OU NAN PÒTAY LENDISTRY A TRAVÈ PLAID



### ETAP 1

- Klike sou "Link your bank account" pou ouvri yon paj pou Plaid.
- Konitnye a travè Plaid e lokalize konpayi bank ou.
- Antre nan kont an bank ou sou entènèt e konekte li a Pòtay Lendistry



### ETAP 2

Etap sa sipoze toujou konplete kelkeswa metòd verifikasyon ke ou sèvi.

- Antre enfòmasyon bank ou.
- Bwat ki make "**business account name**" pa pou nimewo kont lan. Pati sa se pou non kont lan, ki sipoze menm ak non biznis lan ak non ki montre nan deklarasyon bank lan.
- Si biznis ou an se pou yon sèl pwopriyetè, kont an bank lan dwe toujou yon kont epay biznis, e li sipoze matche non DBA.

## Nimewo Kont an Bank Biznis

- Pou kapab ale an avan ak aplikasyon an pou apwouval final made ke ou gen yon kont an bank business pou yo depoze finansman sibvansyon an.**
  - Kont an bank biznis lan dwe matche ak non biznis ki liste nan aplikasyon an ak deklarasyon bank lan.
  - Si biznis ou an se pou yon sèl pwopriyetè, kont an bank lan **dwe toujou kont biznis lan**, e li sipoze matche non DBA.
- Isaj kont pèsonèl ou pou biznis pa akseptab. Pa gen eksepsyon.**
  - Nou ankouraje aplikan yo anpil pou yo ouvri yon kont an bank biznis pou yo kapab ranpli obligasyon pwogram lan.
- Aplikasyon an paka kontinye pwosede san yon kont an bank biznis e sa kapab mete'w a ris pou yo dekalifye'w.

## KISA POU FÈ SI OU PA GEN YON KONT AN BANK BIZNIS

Si ou pa gen yon Kont Biznis, nou ankouraje'w pou ouvri youn pou kapab ranpli obligasyon pwogram lan. Tanpri angaje'w ak yon bank lokal oubyen ale jwenn konseye finansyè ke ou fè konfyans pou ouvri yon kont. Enstitisyon finansyè sa yo endike ke yo vle travay ak aplikan pwogram lan. Lis sa pa vle di ke yo obligatwa, ni li pa vle di ke nou andòsse okenn nan enstitisyon finansyè ke nou ba ou la.

1. Ponce Bank [Lokasyon](#)
2. Spring Bank [Lokasyon](#)
3. Carver Bank [Lokasyon](#)
4. Kredi Inyon CDFI
  - Alternatives Federal Credit Union [Lokasyon](#)
  - Brooklyn Cooperation Federal Credit Union [Lokasyon](#)
  - Lower East Side Peoples Federal Credit Union [Lokasyon](#)
  - Neighborhood Trust Federal Credit Union [Lokasyon](#)
  - Syracuse Cooperative Federal Credit Union [Lokasyon](#)
  - New Covenant Dominion Federal Credit Union [Lokasyon](#)
5. Independent Bankers Association [Lokasyon](#)





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Asistans pou Aplikasyon ak langaj disponib nan 877-721-0097 oubyen [www.nysmallbusinessrecovery.com](http://www.nysmallbusinessrecovery.com).