Paycheck Protection Program
PPP Loan Forgiveness Application Form 3508EZ

OMB Control No. 3245-0407
Expiration date: 10/31/2020

Business Legal Name (“Borrower”)

<table>
<thead>
<tr>
<th>DBA or Tradename, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address</td>
</tr>
<tr>
<td>TIN (EIN, SSN)</td>
</tr>
<tr>
<td>Business Phone</td>
</tr>
<tr>
<td>Primary Contact</td>
</tr>
<tr>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

SBA PPP Loan Number: ____________________ Lender PPP Loan Number: ____________________

PPP Loan Amount: ____________________ PPP Loan Disbursement Date: ____________________

Employees at Time of Loan Application: _______ Employees at Time of Forgiveness Application: _______

EIDL Advance Amount: ____________________ EIDL Application Number: ____________________

Payroll Schedule: The frequency with which payroll is paid to employees is:

☐ Weekly ☐ Biweekly (every other week) ☐ Twice a month ☐ Monthly ☐ Other __________

Covered Period: ____________________ to ____________________

Alternative Payroll Covered Period, if applicable: ____________________ to ____________________

If Borrower (together with affiliates, if applicable) received PPP loans in excess of $2 million, check here: ☐

 Forgiveness Amount Calculation:

Payroll and Nonpayroll Costs
Line 1. Payroll Costs: ____________________

Line 2. Business Mortgage Interest Payments: ____________________

Line 3. Business Rent or Lease Payments: ____________________


Potential Forgiveness Amounts
Line 5. Add the amounts on lines 1, 2, 3, and 4: ____________________

Line 6. PPP Loan Amount: ____________________

Line 7. Payroll Cost 60% Requirement (divide Line 1 by 0.60): ____________________

 Forgiveness Amount
Line 8. Forgiveness Amount (enter the smallest of Lines 5, 6, and 7): ____________________
By Signing Below, You Make the Following Representations and Certifications on Behalf of the Borrower:

The dollar amount for which forgiveness is requested:

- was used to pay costs that are eligible for forgiveness (payroll costs to retain employees; business mortgage interest payments; business rent or lease payments; or business utility payments);
- includes payroll costs equal to at least 60% of the forgiveness amount;
- if a 24-week Covered Period applies, does not exceed 2.5 months’ worth of 2019 compensation for any owner-employee or self-employed individual/general partner, capped at $20,833 per individual; and
- if the Borrower has elected an 8-week Covered Period, does not exceed 8 weeks’ worth of 2019 compensation for any owner-employee or self-employed individual/general partner, capped at $15,385 per individual.

I understand that if the funds were knowingly used for unauthorized purposes, the federal government may pursue recovery of loan amounts and/or civil or criminal fraud charges.

The Borrower did not reduce salaries or hourly wages by more than 25 percent for any employee during the Covered Period or Alternative Payroll Covered Period compared to the period between January 1, 2020 and March 31, 2020. For purposes of this certification, the term “employee” includes only those employees that did not receive, during any single period during 2019, wages or salary at an annualized rate of pay in an amount more than $100,000.

The Borrower has accurately verified the payments for the eligible payroll and nonpayroll costs for which the Borrower is requesting forgiveness.

I have submitted to the Lender the required documentation verifying payroll costs, the existence of obligations and service (as applicable) prior to February 15, 2020, and eligible business mortgage interest payments, business rent or lease payments, and business utility payments.

The information provided in this application and the information provided in all supporting documents and forms is true and correct in all material respects. I understand that knowingly making a false statement to obtain forgiveness of an SBA-guaranteed loan is punishable under the law, including 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

The tax documents I have submitted to the Lender are consistent with those the Borrower has submitted/will submit to the IRS and/or state tax or workforce agency. I also understand, acknowledge, and agree that the Lender can share the tax information with SBA’s authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of ensuring compliance with PPP requirements and all SBA reviews.

I understand, acknowledge, and agree that SBA may request additional information for the purposes of evaluating the Borrower’s eligibility for the PPP loan and for loan forgiveness, and that the Borrower’s failure to provide information requested by SBA may result in a determination that the Borrower was ineligible for the PPP loan or a denial of the Borrower’s loan forgiveness application.

In addition, the Authorized Representative of the Borrower must certify by initializing at least ONE of the following two items:

- The Borrower did not reduce the number of employees or the average paid hours of employees between January 1, 2020 and the end of the Covered Period (other than any reductions that arose from an inability to rehire individuals who were employees on February 15, 2020, if the Borrower was unable to hire similarly qualified employees for unfilled positions on or before December 31, 2020, and reductions in employee’s hours that a borrower offered to restore and were refused).
- The Borrower was unable to operate between February 15, 2020, and the end of the Covered Period at the same level of business activity as before February 15, 2020 due to compliance with requirements established or guidance issued between March 1, 2020 and December 31, 2020, by the Secretary of Health and Human Services, the Director of the Centers for Disease Control and Prevention, or the Occupational Safety and Health Administration, related to the maintenance of standards of sanitation, social distancing, or any other work or customer safety requirement related to COVID-19.

The Borrower’s eligibility for loan forgiveness will be evaluated in accordance with the PPP regulations and guidance issued by SBA through the date of this application. SBA may direct a lender to disapprove the Borrower’s loan forgiveness application if SBA determines that the Borrower was ineligible for the PPP loan.

Signature of Authorized Representative of Borrower ___________________________ Date ___________________________

Print Name ___________________________ Title ___________________________

SBA Form 3508EZ (06/20)
## Instructions

1. **Purpose.** Veteran/gender/race/ethnicity data is collected for program reporting purposes only.
2. **Description.** This form requests information about each of the Borrower’s Principals. Add additional sheets if necessary.
3. **Definition of Principal.** The term “Principal” means:
   - For a self-employed individual, independent contractor, or a sole proprietor, the self-employed individual, independent contractor, or sole proprietor.
   - For a partnership, all general partners and all limited partners owning 20% or more of the equity of the Borrower, or any partner that is involved in the management of the Borrower’s business.
   - For a corporation, all owners of 20% or more of the Borrower, and each officer and director.
   - For a limited liability company, all members owning 20% or more of the Borrower, and each officer and director.
   - Any individual hired by the Borrower to manage the day-to-day operations of the Borrower (“key employee”).
   - Any trustor (if the Borrower is owned by a trust).
   - For a nonprofit organization, the officers and directors of the Borrower.
4. **Principal Name.** Insert the full name of the Principal.
5. **Position.** Identify the Principal’s position; for example, self-employed individual; independent contractor; sole proprietor; general partner; owner; officer; director; member; or key employee.

<table>
<thead>
<tr>
<th>Principal Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran</td>
<td>1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not Disclosed</td>
</tr>
<tr>
<td>Gender</td>
<td>M=Male; F=Female; X=Not Disclosed</td>
</tr>
<tr>
<td>Race (more than 1 may be selected)</td>
<td>1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed</td>
</tr>
</tbody>
</table>

Disclosure is voluntary and will have no bearing on the loan forgiveness decision.

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**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 20 minutes. Comments about this time or the information requested should be sent to Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503. **PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.**
### Paycheck Protection Program

**Loan Forgiveness Application Revised June 16, 2020**

**PPP Loan Forgiveness Calculation Form**

<table>
<thead>
<tr>
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<th>DBA or Tradename, if applicable</th>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>Business TIN (EIN, SSN)</th>
<th>Business Phone</th>
<th>Primary Contact</th>
<th>E-mail Address</th>
</tr>
</thead>
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<tr>
<td></td>
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</tbody>
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SBA PPP Loan Number: __________________________ Lender PPP Loan Number: __________________________

PPP Loan Amount: __________________________ PPP Loan Disbursement Date: __________________________

Employees at Time of Loan Application: _______ Employees at Time of Forgiveness Application: _______

EIDL Advance Amount: __________________________ EIDL Application Number: __________________________

**Payroll Schedule:** The frequency with which payroll is paid to employees is:

- [ ] Weekly
- [ ] Biweekly (every other week)
- [ ] Twice a month
- [ ] Monthly
- [ ] Other __________

**Covered Period:** __________________________ to __________________________

**Alternative Payroll Covered Period,** if applicable: __________________________ to __________________________

If Borrower (together with affiliates, if applicable) received PPP loans in excess of $2 million, check here: [ ]

**Forgiveness Amount Calculation:**

**Payroll and Nonpayroll Costs**

- **Line 1. Payroll Costs** (enter the amount from PPP Schedule A, line 10):
  - ________________

- **Line 2. Business Mortgage Interest Payments:**
  - ________________

- **Line 3. Business Rent or Lease Payments:**
  - ________________

- **Line 4. Business Utility Payments:**
  - ________________

**Adjustments for Full-Time Equivalency (FTE) and Salary/Hourly Wage Reductions**

- **Line 5. Total Salary/Hourly Wage Reduction** (enter the amount from PPP Schedule A, line 3):
  - ________________

- **Line 6. Add the amounts on lines 1, 2, 3, and 4, then subtract the amount entered in line 5:**
  - ________________

- **Line 7. FTE Reduction Quotient** (enter the number from PPP Schedule A, line 13):
  - ________________

**Potential Forgiveness Amounts**

- **Line 8. Modified Total (multiply line 6 by line 7):**
  - ________________

- **Line 9. PPP Loan Amount:**
  - ________________

- **Line 10. Payroll Cost 60% Requirement (divide line 1 by 0.60):**
  - ________________

**Forgiveness Amount**

- **Line 11. Forgiveness Amount (enter the smallest of lines 8, 9, and 10):**
  - ________________
By Signing Below, You Make the Following Representations and Certifications on Behalf of the Borrower:

The authorized representative of the Borrower certifies to all of the below by initialing next to each one.

_____ The dollar amount for which forgiveness is requested:
- was used to pay costs that are eligible for forgiveness (payroll costs to retain employees; business mortgage interest payments; business rent or lease payments; or business utility payments);
- includes all applicable reductions due to decreases in the number of full-time equivalent employees and salary/hourly wage reductions;
- includes payroll costs equal to at least 60% of the forgiveness amount;
- if a 24-week Covered Period applies, does not exceed 2.5 months’ worth of 2019 compensation for any owner-employee or self-employed individual/general partner, capped at $20,833 per individual; and
- if the Borrower has elected an 8-week Covered Period, does not exceed 8 weeks’ worth of 2019 compensation for any owner-employee or self-employed individual/general partner, capped at $15,385 per individual.

_____ I understand that if the funds were knowingly used for unauthorized purposes, the federal government may pursue recovery of loan amounts and/or civil or criminal fraud charges.

_____ The Borrower has accurately verified the payments for the eligible payroll and nonpayroll costs for which the Borrower is requesting forgiveness.

_____ I have submitted to the Lender the required documentation verifying payroll costs, the existence of obligations and service (as applicable) prior to February 15, 2020, and eligible business mortgage interest payments, business rent or lease payments, and business utility payments.

_____ The information provided in this application and the information provided in all supporting documents and forms is true and correct in all material respects. I understand that knowingly making a false statement to obtain forgiveness of an SBA-guaranteed loan is punishable under the law, including 18 U.S.C. 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 U.S.C. 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institution, under 18 U.S.C. 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

_____ The tax documents I have submitted to the Lender are consistent with those the Borrower has submitted/will submit to the IRS and/or state tax or workforce agency. I also understand, acknowledge, and agree that the Lender can share the tax information with SBA’s authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of ensuring compliance with PPP requirements and all SBA reviews.

_____ I understand, acknowledge, and agree that SBA may request additional information for the purposes of evaluating the Borrower’s eligibility for the PPP loan and for loan forgiveness, and that the Borrower’s failure to provide information requested by SBA may result in a determination that the Borrower was ineligible for the PPP loan or a denial of the Borrower’s loan forgiveness application.

_____ If the Borrower has checked the box for FTE Reduction Safe Harbor 1 on PPP Schedule A, the Borrower was unable to operate between February 15, 2020 and the end of the Covered Period at the same level of business activity as before February 15, 2020 due to compliance with requirements established or guidance issued between March 1, 2020 and December 31, 2020, by the Secretary of Health and Human Services, the Director of the Centers for Disease Control and Prevention, or the Occupational Safety and Health Administration, related to the maintenance of standards of sanitation, social distancing, or any other work or customer safety requirement related to COVID-19.

The Borrower’s eligibility for loan forgiveness will be evaluated in accordance with the PPP regulations and guidance issued by SBA through the date of this application. SBA may direct a lender to disapprove the Borrower’s loan forgiveness application if SBA determines that the Borrower was ineligible for the PPP loan.

_____________________________________________________
Signature of Authorized Representative of Borrower

_____________________________________________________
Date

_____________________________________________________
Print Name

_____________________________________________________
Title

SBA Form 3508 (06/20)
### PPP Schedule A

#### PPP Schedule A Worksheet: Table 1 Totals

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter Cash Compensation (Box 1) from PPP Schedule A Worksheet, Table 1:</td>
</tr>
<tr>
<td>2</td>
<td>Enter Average FTE (Box 2) from PPP Schedule A Worksheet, Table 1:</td>
</tr>
<tr>
<td>3</td>
<td>Enter Salary/ Hourly Wage Reduction (Box 3) from PPP Schedule A Worksheet, Table 1:</td>
</tr>
<tr>
<td></td>
<td>If the average annual salary or hourly wage for each employee listed on the PPP Schedule A Worksheet, Table 1 during the Covered Period or the Alternative Payroll Covered Period was at least 75% of such employee’s average annual salary or hourly wage between January 1, 2020 and March 31, 2020, check here ☐ and enter 0 on line 3.</td>
</tr>
</tbody>
</table>

#### PPP Schedule A Worksheet: Table 2 Totals

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Enter Cash Compensation (Box 4) from PPP Schedule A Worksheet, Table 2:</td>
</tr>
<tr>
<td>5</td>
<td>Enter Average FTE (Box 5) from PPP Schedule A Worksheet, Table 2:</td>
</tr>
</tbody>
</table>

#### Non-Cash Compensation Payroll Costs During the Covered Period or the Alternative Payroll Covered Period

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Total amount paid or incurred by Borrower for employer contributions for employee health insurance:</td>
</tr>
<tr>
<td>7</td>
<td>Total amount paid or incurred by Borrower for employer contributions to employee retirement plans:</td>
</tr>
<tr>
<td>8</td>
<td>Total amount paid or incurred by Borrower for employer state and local taxes assessed on employee compensation:</td>
</tr>
</tbody>
</table>

#### Compensation to Owners

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Total amount paid to owner-employees/self-employed individual/general partners:</td>
</tr>
<tr>
<td></td>
<td>This amount may not be included in PPP Schedule A Worksheet, Table 1 or 2. If there is more than one individual included, attach a separate table that lists the names of and payments to each.</td>
</tr>
</tbody>
</table>

### Total Payroll Costs

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Payroll Costs (add lines 1, 4, 6, 7, 8, and 9):</td>
</tr>
</tbody>
</table>

#### Full-Time Equivalency (FTE) Reduction Calculation

If you satisfy any of the following three criteria, check the appropriate box, skip lines 11 and 12, and enter 1.0 on line 13; otherwise, complete lines 11, 12, and 13:

**No reduction in employees or average paid hours:** If you have not reduced the number of employees or the average paid hours of your employees between January 1, 2020 and the end of the Covered Period, check here ☐.

**FTE Reduction Safe Harbor 1:** If you were unable to operate between February 15, 2020, and the end of the Covered Period at the same level of business activity as before February 15, 2020 due to compliance with requirements established or guidance issued between March 1, 2020 and December 31, 2020, by the Secretary of Health and Human Services, the Director of the Centers for Disease Control and Prevention, or the Occupational Safety and Health Administration related to the maintenance of standards for sanitation, social distancing, or any other worker or customer safety requirement related to COVID-19, check here ☐.

**FTE Reduction Safe Harbor 2:** If you satisfy FTE Reduction Safe Harbor 2 (see PPP Schedule A Worksheet), check here ☐.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Average FTE during the Borrower’s chosen reference period:</td>
</tr>
<tr>
<td>12</td>
<td>Total Average FTE (add lines 2 and 5):</td>
</tr>
<tr>
<td>13</td>
<td>FTE Reduction Quotient (divide line 12 by line 11) or enter 1.0 if any of the above criteria are met:</td>
</tr>
</tbody>
</table>
Table 1: List employees who:
- Were employed by the Borrower at any point during the Covered Period or the Alternative Payroll Covered Period whose principal place of residence is in the United States; and
- Received compensation from the Borrower at an annualized rate of less than or equal to $100,000 for all pay periods in 2019 or were not employed by the Borrower at any point in 2019.

<table>
<thead>
<tr>
<th>Employee's Name</th>
<th>Employee Identifier</th>
<th>Cash Compensation</th>
<th>Average FTE</th>
<th>Salary / Hourly Wage Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

FTE Reduction Exceptions:

<table>
<thead>
<tr>
<th>Totals:</th>
<th>Box 1</th>
<th>Box 2</th>
<th>Box 3</th>
</tr>
</thead>
</table>

Table 2: List employees who:
- Were employed by the Borrower at any point during the Covered Period or the Alternative Payroll Covered Period whose principal place of residence is in the United States; and
- Received compensation from the Borrower at an annualized rate of more than $100,000 for any pay period in 2019.

<table>
<thead>
<tr>
<th>Employee's Name</th>
<th>Employee Identifier</th>
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<th>Average FTE</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals:</th>
<th>Box 4</th>
<th>Box 5</th>
</tr>
</thead>
</table>

Attach additional tables if additional rows are needed.

FTE Reduction Safe Harbor 2:

Step 1. Enter the borrower’s total average FTE between February 15, 2020 and April 26, 2020. Follow the same method that was used to calculate Average FTE in the PPP Schedule A Worksheet Tables. Sum across all employees and enter: ________________.

Step 2. Enter the borrower’s total FTE in the Borrower’s pay period inclusive of February 15, 2020. Follow the same method that was used in step 1: ________________.

Step 3. If the entry for step 2 is greater than step 1, proceed to step 4. Otherwise, FTE Reduction Safe Harbor 2 is not applicable and the Borrower must complete line 13 of PPP Schedule A by dividing line 12 by line 11 of that schedule.

Step 4. Enter the borrower’s total FTE as of the earlier of December 31, 2020, and the date this application is submitted: _____.

Step 5. If the entry for step 4 is greater than or equal to step 2, enter 1.0 on line 13 of PPP Schedule A; the FTE Reduction Safe Harbor 2 has been satisfied. Otherwise, FTE Reduction Safe Harbor 2 does not apply and the Borrower must complete line 13 of PPP Schedule A by dividing line 12 by line 11 of that schedule.
PPP Borrower Demographic Information Form (Optional)

Instructions

1. **Purpose.** Veteran/gender/race/ethnicity data is collected for program reporting purposes only.
2. **Description.** This form requests information about each of the Borrower’s Principals. Add additional sheets if necessary.
3. **Definition of Principal.** The term “Principal” means:
   - For a self-employed individual, independent contractor, or a sole proprietor, the self-employed individual, independent contractor, or sole proprietor.
   - For a partnership, all general partners and all limited partners owning 20% or more of the equity of the Borrower, or any partner that is involved in the management of the Borrower’s business.
   - For a corporation, all owners of 20% or more of the Borrower, and each officer and director.
   - For a limited liability company, all members owning 20% or more of the Borrower, and each officer and director.
   - Any individual hired by the Borrower to manage the day-to-day operations of the Borrower (“key employee”).
   - Any trustor (if the Borrower is owned by a trust).
   - For a nonprofit organization, the officers and directors of the Borrower.
4. **Principal Name.** Insert the full name of the Principal.
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Veteran</td>
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<td>Gender</td>
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