FORT WORTH®

PRESERVE THE FORT

SMALL BUSINESS GRANTS
SECOND ROUND OF FUNDING

Guía: Solicitud para Negocios

Información Sobre las Becas para Negocios de *Preserve the Fort*

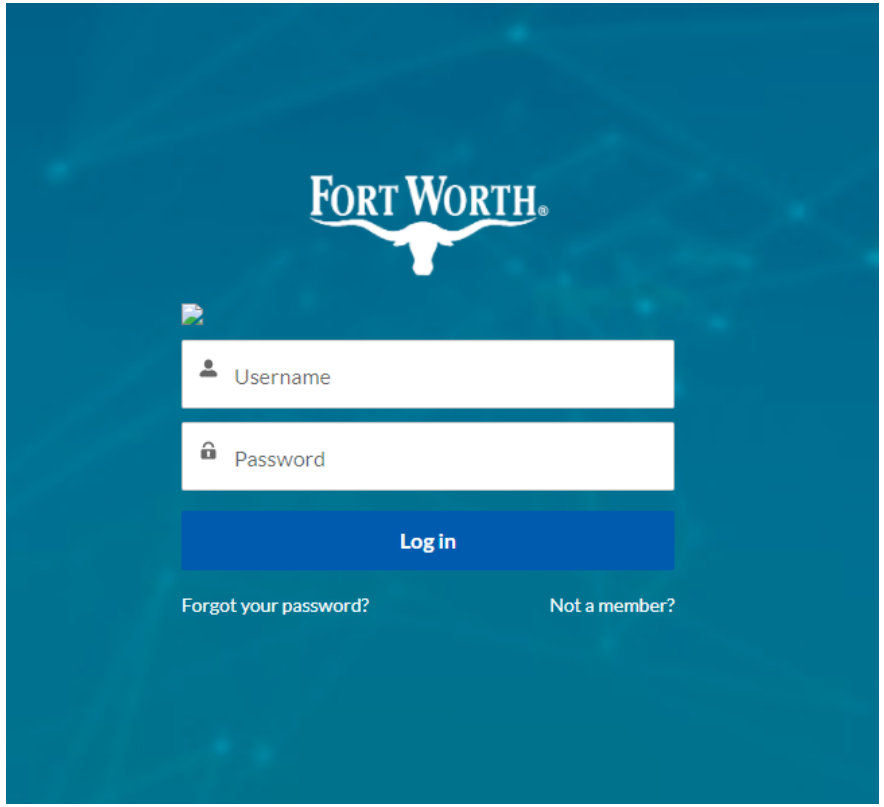
- Financiadas por los fondos que otorgó la Ley CARES a Fort Worth.
- Primer ronda de becas se distribuyeron en mayo 2020
  - Desde el 2 de sept., 2020 se habían otorgado $6,480,000 a 881 compañías
  - $2.7M llegaron a manos de negocios de minorías, y otros $1.4M a los vecindarios que son centro de la atención del municipio
- Segunda ronda de becas expande su alcance para incluir a negocios más grandes (de hasta 500 empleados) y organizaciones no lucrativas de las artes
- Solicitantes que recibieron la beca antes pueden solicitarla otra vez.

Comenzando

- Visitar el sitio de *Preserve the Fort* en fortworthtexas.gov/preserve-the-fort/
- Preparar documentación
  - *Voluntarios disponibles para ayudarle, de ser necesario. Haga una cita en línea.*
- Seleccionar “start my application” en la parte de abajo de la página.

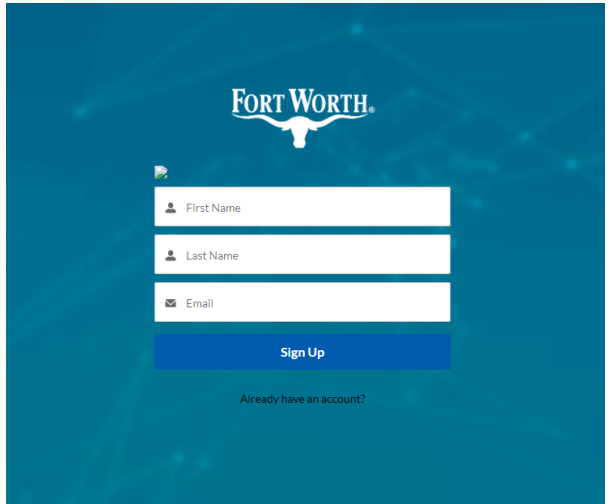
Crear o Entrar a Cuenta

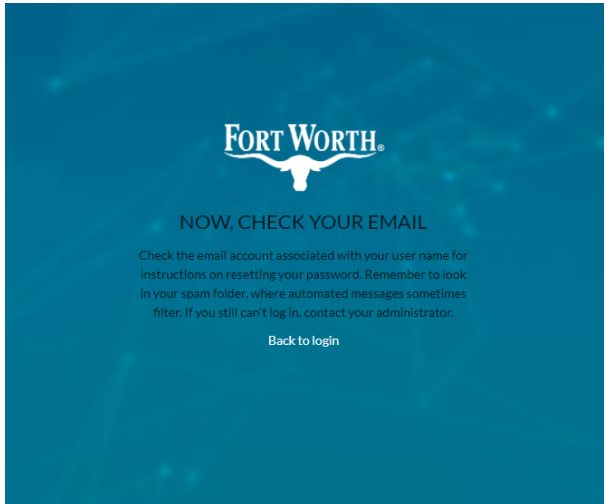
- Si esta es la primera vez que utiliza este sitio, seleccionar “Not a member?” en la parte baja, del lado derecho para crear cuenta.
- Personas con una cuenta existente, entrar a cuenta.



Crear Cuenta

- Aportar nombre, apellido y dirección de correo electrónico.
- Seleccionar “Sign Up.” Se recibirá una notificación que lee “Check Your Email.” (Revizar Correo Electrónico)
- Activar enlace enviado por correo electrónico para establecer su palabra clave.





Comenzando la Solicitud

- Seleccionar la caja que "Small Business" (Pequeño Negocio) o "Bar or Music Venue" (Bar o Salón de Música").

Confirmación

Esta página cubre:

- Veracidad de información incluida en solicitud.
- Cualquier cantidad de fondos que se reciba pudiera estar sujeta a una auditoria.
- Usted pudiera ser responsable de los fondos de beca utilizados para cualquier otra cosa que no sean los costos relacionados con una reapertura segura.

Información General

- Número de Identificación de Impuestos (Tax ID Number)
  - *También conocido como Número de Identificación de Empleador (EIN por sus siglas en inglés).*
- Número DUNS
  - *Encuentra el suyo/ Buscarlo en línea*
- Nombre de Organización, misión, y área geográfica de servicio
- Estado de organización durante la Orden para Quedarse en Cada de Fort Worth (17 de marzo – 27 de abril, 2020).
- El total de ganancias anuales en bruto de la organización del 2019.

Información General

Subir los siguientes documentos:

- **Certificado de Formación del Estado de Texas** con fecha de o antes del 1 de enero, 2020 (Copias disponibles en línea.)

- **Declaración de Impuestos Más Reciente** (2019 o 2018)

Dirección e Información de Propiedad

- Dirección física y postal de negocio
  - Se llenará automáticamente la ciudad y estado, Fort Worth, TX, pero asegúrese de agregar calle y código postal.
- Información de Propiedad
- Información de Etnicidad

Información de Empleo

- Único dueño / contratista independiente
  - No llene información de empleado.

- Número de Empleados con los que contaba el **13 de marzo, 2020.** (fecha de la Orden para Quedarse en Cada)
  - Medio tiempo versus tiempo completo

- Números de empleados con el que contaba el **1 de junio, 2020**
  - Medio tiempo versus tiempo completo

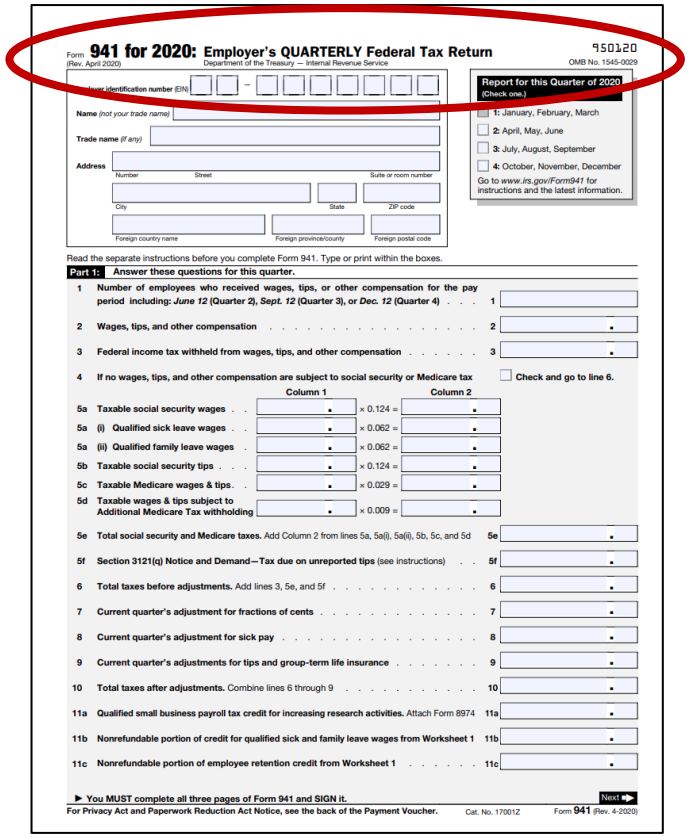
Información de Contacto y Empleados

Subir los siguientes si contaba con empleados:

- **Comprobante de Empleo: Q1 2020 941**

Subir los siguientes si es el único dueño o contratista independiente:

- **Comprobante de Empleo: Formulario C de la Declaración de Impuestos Más Reciente**



Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. April 2020) Department of the Treasury — Internal Revenue Service
950120
OMB No. 1545-0029

Employer identification number (EIN) –
Name (not your trade name)
Trade name (if any)
Address
Number Street Suite or room number
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020 (Check one.)
1: January, February, March
2: April, May, June
3: July, August, September
4: October, November, December
Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

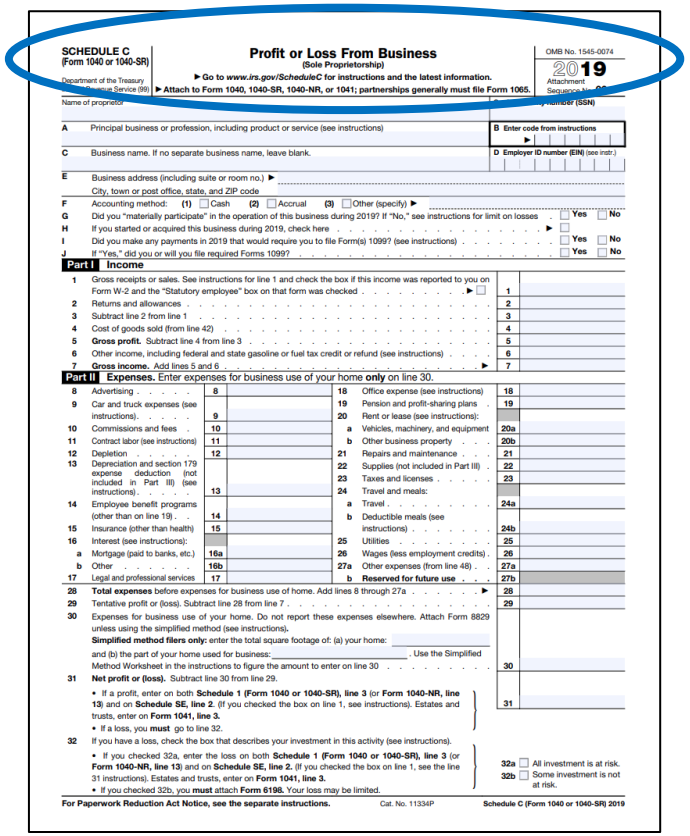
Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) . . . 1
2 Wages, tips, and other compensation . . . 2
3 Federal income tax withheld from wages, tips, and other compensation . . . 3
4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages		× 0.124 =	
5a (i) Qualified sick leave wages		× 0.062 =	
5a (ii) Qualified family leave wages		× 0.062 =	
5b Taxable social security tips		× 0.124 =	
5c Taxable Medicare wages & tips		× 0.029 =	
5d Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d . . . 5e
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . 5f
6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6
7 Current quarter's adjustment for fractions of cents . . . 7
8 Current quarter's adjustment for sick pay . . . 8
9 Current quarter's adjustments for tips and group-term life insurance . . . 9
10 Total taxes after adjustments. Combine lines 6 through 9 . . . 10
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . 11a
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . 11b
11c Nonrefundable portion of employee retention credit from Worksheet 1 . . . 11c

▶ You MUST complete all three pages of Form 941 and SIGN it. Next ▶
For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17001Z Form 941 (Rev. 4-2020)



SCHEDULE C (Form 1040 or 1040-SR)
Department of the Treasury Internal Revenue Service (99)
Profit or Loss From Business
(Sole Proprietorship)
▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.
OMB No. 1545-0074
2019
Attachment Sequence No. 09
Name of proprietor Social security number (SSN)

A Principal business or profession, including product or service (see instructions) B Enter code from instructions ▶
C Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code
F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . . . ☐ Yes ☐ No
H If you started or acquired this business during 2019, check here ▶ ☐
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . ☐ Yes ☐ No
J If "Yes," did you or will you file required Forms 1099? . . . ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐ . . . 1
2 Returns and allowances . . . 2
3 Subtract line 2 from line 1 . . . 3
4 Cost of goods sold (from line 42) . . . 4
5 **Gross profit.** Subtract line 4 from line 3 . . . 5
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 6
7 **Gross income.** Add lines 5 and 6 ▶ . . . 7

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising . . . 8
9 Car and truck expenses (see instructions) . . . 9
10 Commissions and fees . . . 10
11 Contract labor (see instructions) . . . 11
12 Depletion . . . 12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . 13
14 Employee benefit programs (other than on line 19) . . . 14
15 Insurance (other than health) . . . 15
16 Interest (see instructions):
a Mortgage (paid to banks, etc.) . . . 16a
b Other . . . 16b
17 Legal and professional services . . . 17
18 Office expense (see instructions) . . . 18
19 Pension and profit-sharing plans . . . 19
20 Rent or lease (see instructions):
a Vehicles, machinery, and equipment . . . 20a
b Other business property . . . 20b
21 Repairs and maintenance . . . 21
22 Supplies (not included in Part III) . . . 22
23 Taxes and licenses . . . 23
24 Travel and meals:
a Travel . . . 24a
b Deductible meals (see instructions) . . . 24b
25 Utilities . . . 25
26 Wages (less employment credits) . . . 26
27a Other expenses (from line 48) . . . 27a
b **Reserved for future use** . . . 27b
28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶ . . . 28
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . 29
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . 30
31 **Net profit or (loss).** Subtract line 30 from line 29.
• If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If a loss, you **must** go to line 32. . . . 31
32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.
32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040 or 1040-SR) 2019

Finanzas de Organización

- Ganancias **anuales** en bruto del 2019.
  - Puede encontrarse en la declaración de impuestos de la organización o declaración de Ganancias y Pérdidas (P&L)

- Ganancias **mensuales** en bruto antes del COVID-19, desde 1 de marzo, 2019 – 29 de febrero, 2020.
- Ganancias **mensuales** en bruto antes del COVID-19, desde 1 de marzo, 2020 – 31 de julio, 2020*.
- **Total de pérdida de ganancias** debido a COVID-19 desde 1 de marzo, 2020 – 31 de julio 0 31 de agosto, 2020*.
- Aumento total de gastos debido al COVID-19 1 de marzo, 2020 – 31 de julio 0 31 de agosto, 2020*.

** Con base a la declaración financiera más reciente*

Finanzas de Organización

Subir la siguiente documentación:

- **Declaración de Ganancias & Pérdidas (P&L)** del 2019
- **Declaración de Ganancias & Pérdidas (P&L)** del 2020, hasta el 31 de julio o 31 de Agosto, *que muestre información de forma mensual.**

**Con base a la declaración financiera más reciente*

Profit and Loss Statement Template

[Company Name]

[Street Address], [City, ST ZIP Code]

[abc@example.com]

Profit & Loss Statement

For the Period Ended _____

Income	$	$
Sales	0000000	
Services	00000000	
Other Income	00000	
Total Income		**0000000**
Expenses		
Accounting	0000000	
Advertising	000000	
Assets Small	000000	
Bank Charges	000000	
Cost of Goods Sold	00000	
Depreciation	00000	
Electricity	000000	
Hire of Equipment	00000	
Insurance	00000	
Interest	00000	
Motor Vehicle	00000	
Office Supplies	00000	
Postage and Printing	00000	
Rent	00000	
Repairs and Maintenance	000000	
Stationary	0000	
Subscriptions	00000	
Telephone	00000	
Training/Seminars	00000	
Wages and On costs	00000	
Total Expenses		**00000000**
Profit/Loss		**00000000**

Financiamiento de Ley CARES

- ¿Solicitó fondos a través del Programa de Protección de Sueldos (PPP) o Programa de Préstamos *Emergency Injury Disaster*?
  - Si no se solicitaron estos fondos, no contestar pregunta.
- Estatus de solicitud / Cuánto recibió
- ¿Estará solicitando becas de *Preserve the Fort* para otro(s) negocio(s) de los cuales es dueño(a)?
- Uso de fondos

Información Final

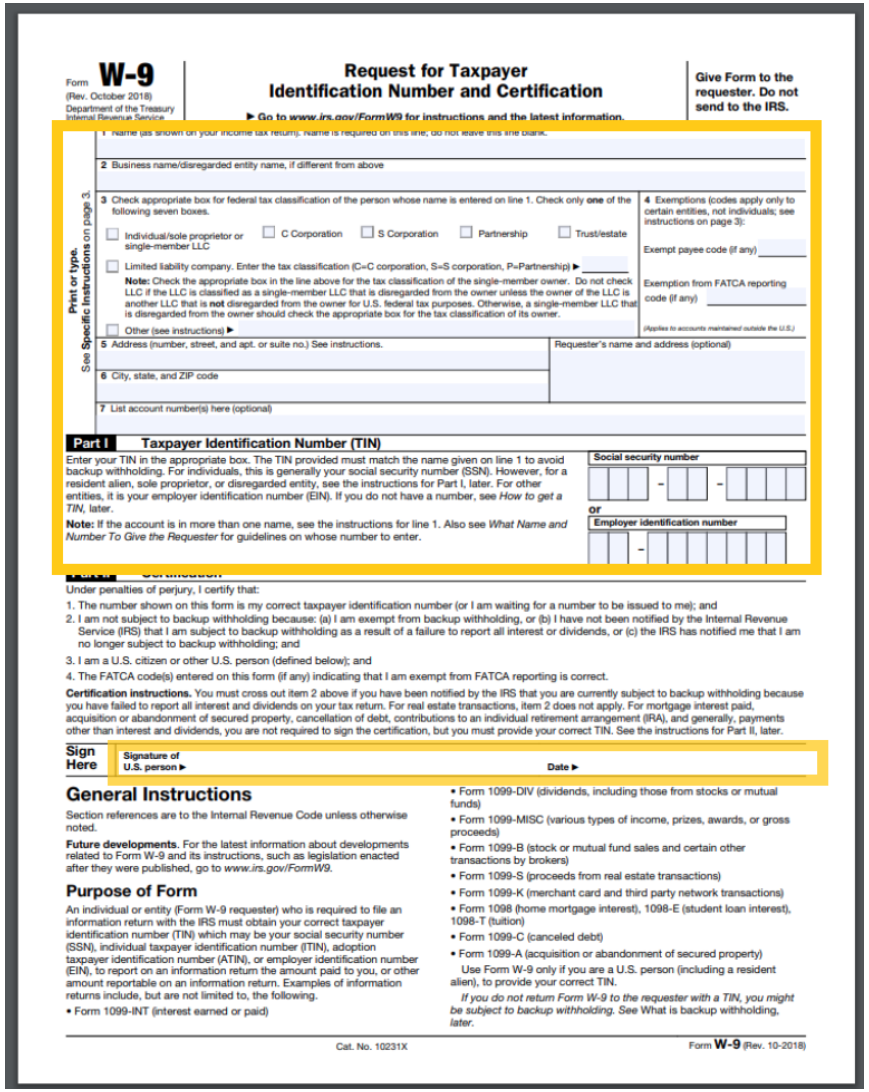
Subir los siguientes documentos:

- Formulario W-9 complete y *firmado*

  (Versión en blanco disponible en línea)

Seleccione si prefiere recibir los fondos por correo en forma de cheque, o si prefiere una transferencia electrónica de fondos.

Si prefiere la transferencia electrónica de fondos, tenga la información de su banco listos. **Favor de asegurarse de que esta información es correcta.**



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

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

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

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

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

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

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

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

☐ Other (see instructions) ▶

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

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

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

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

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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

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

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

Social security number

or

Employer identification number

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 ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

Presentar su solicitud / Próximos Pasos

- Las solicitudes se procesarán en la forma que llegaron,
- Para preguntas generales sobre el programa, comunicarse al 682-215-6231 entre las 9 a.m. y 6 p.m., de lunes a viernes. (Importante: En este número no se podrá recibir información sobre la preparación de documentos.)
- Dependiendo del número de solicitudes, todos los fondos deben distribuirse antes de diciembre.