



Skowhegan Savings

**Paycheck Protection Program (PPP)
Supplemental Form**

Please provide the following information.

Applicant's Legal Name	
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Please list compensation of any individual employee with an annual salary, paid in 2019, in excess of \$100,000.

Employees	Total 2019 Salary	
Employee #1		
Employee #2		
Employee #3		
Employee #4		
Employee #5		
Employee #6		
	Total:	

Please list any employees whose principal place of residence is outside of the United States and their salaries paid in 2019.

Employees	Total 2019 Salary	
Employee #1		
Employee #2		
Employee #3		
Employee #4		
Employee #5		
Employee #6		
	Total:	

Gross annual revenues for 2019	
Are you a franchise? (Yes or No)	



Affiliates

You must provide information about any Affiliates of the Borrower that are under common management. Additionally, you'll need to provide information about any other business owned by any of the owners with greater than 20% ownership in the Applicant Business.

Related Entity	Tax ID	Industry

If space is not sufficient in any of the above sections, please provide additional information on another sheet of paper.

I certify to the best of my knowledge the above information is true and accurate.

Authorized Signature: _____ Date: _____

Print Full Name: _____