

Log Into Your Account

Navigate to the link with your browser, Chrome is preferred internet browser (the application will not work in Internet Explorer)



Open the portal via email. You will receive a registration email similar to the one below. ٠

Aloha,	
It's time to log in to the Customer Portal at American Savings Bank PPP and apply for forgiveness for your Paycheck Protection Program Loan at American Savings Bank.	
Log In to Get Started	

- For future log ins, you can also access the portal here: Portal Link
- If this is your first time logging in, you will be prompted to create a password. Your username is your Email. For future log ins, if you do not remember your credentials please navigate to Forgot Password to reset your password.

Welcome back! Log in to continue.
Email Password Forgot password?
Log In New Customer? Sign Up







Apply for Forgiveness

- After logging in you will be directed to your Dashboard •
- Use the Navigation Bar on the left side of the screen. Click on Marketplace to see your ٠ application options: SBA 7(a) and Paycheck Protection Program Forgiveness
- Click on Apply for the Forgiveness option to begin your application for loan forgiveness ٠

	Welcome to your dashboard Thanks for visiting. Upload documents, check the status of your products, and	d keep in touch!
Dashboard Apply Here	Paycheck Protection Program Forgiveness	PPP Loan Forgiveness

- After clicking Apply you should see Your Business listed. This is the business (or businesses) that ٠ you used to secure the Paycheck Protection loan
- Click Apply With This Business to begin applying for Forgiveness of your loan related to this business

	Q	
	This Is Your Business	
	Which business is this forgiveness application related t	o?
Ħ	Training Business Limited Liability Company Engineering 100 First Street San Francisco, CA 94105	Edit
	Apply With This Business	





Screen Overview

- The Process bar on the left side of the screen shows your progress through the application. It • can also be used to revisit a previous section by clicking on that section
- Throughout the application process you will find helpful hints in the box on the right side of the ٠ screen. These boxes do not require you to enter data or navigate to any links, they are only meant to provide you helpful information related to the questions in the application
- If you do not want to complete the application at this time, you can always select Save and come ٠ back later at the bottom of each screen

1960255		Your Loan Forgiveness Application	
APPLICATION			
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Tell Us About Your Covered Period

- Select the appropriate answers to tell us about your Covered Period & Payroll during the period ٠ covered by your Loan
- The Help Box to the right will provide information helpful for determining eligible expenses ٠
- Click Next or Save and Come Back Later when finished ٠

	Covered Period & Payroli
overed Pe	eriod Begin Date
Covered Perio 6/1/2020	od Begin Date based on the PPP loan disbursement date
Are you eligib	le to elect a covered period?
, your ayro	Weekly
	Weekly Biweekly (every other week) Twice a month
	Weekly Biweekly (every other week) Twice a month
	Weekly Biweekly (every other week) Twice a month Monthly Other
	Weekly Biweekly (every other week) Twice a month Other Next







Tell Us About Your Application Type

- Select the appropriate answers to the Qualification Options. This will determine whether a borrower submits the 3508 or the 3508EZ
- The Help Box to the right will provide information helpful for determining eligible expenses ٠

	ł
Application Type	
Qualification Option 1 The Borrower is a self-employed individual, independent contractor, or sole proprietor who had no employees at the time of the PPP loan application and did not include any employee salaries in the computation of average monthly payroll in the Borrower Application Form (SBA Form 2483).	
Do you meet the criteria for Qualification Option 1 above?	
Yes	
No	

Qualification Option 2

The Borrower did not reduce annual salary or hourly wages of any employee by more than 25 percent during the Covered Period or the Alternative Payroll Covered Period (as defined below) compared to the period between January 1, 2020 and March 31, 2020 (for purposes of this statement, "employees" means 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); AND 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. (Ignore 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. Also ignore reductions in an employee's hours that the Borrower offered to restore and the employee refused. See 85 FR 33004, 33007 (June 1, 2020) for more details.

Do you meet the criteria for Qualification Option 2 above?

Yes

No





Tell Us About Your Application Type

- Select the appropriate answers to the Qualification Options. This will determine whether a borrower submits the 3508 or the 3508EZ
- The Help Box to the right will provide information helpful for determining eligible expenses ٠
- Click Next or Save and Come Back Later when finished

Qualification	Option	3
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The Borrower did not reduce annual salary or hourly wages of any employee by more than 25 percent during the Covered Period or the Alternative Payroll Covered Period (as defined below) compared to the period between January 1, 2020 and March 31, 2020 (for purposes of this statement, "employees" means 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); AND The Borrower was unable to operate during 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.

Yes		No	
	Next		
	Save and come back later		

If the options are selected to meet the criteria for an EZ form the following will appear

ised on you	r response above, you a	re eligible to use the 3	508 EZ form.	
Vould you like to	use the 3508EZ form to submit you	IT PPP Forgiveness Application	? No	

By selecting yes they will only have to complete some of the sections that follow. If there is a difference in what appears the slide title will denote Non EZ or EZ. If they show the same the slide title will denote All.





Tell Us About Your Payroll Costs (All)

- Select the appropriate answers to **Payroll Costs** during the period covered by your Loan. •
- The Help Box to the right will provide information helpful for determining eligible expenses ٠

	Let's gather information about your payroll costs	
ie Payi ceived ayche	roll & Benefit Costs are based on the covered period (or Alternative Payroll Covered Period). Depending on w I your PPP loan, you may have the option to decide between an 8 week or 24 week period. For loans funded ck Protection Program Flexibility Act of 2020" was signed into law, you will be using the earlier of a 24 week p 12/31/2020.	/hen you after the period or
over	ed Period Summary	
Cov	ered Period Begin Date based on the PPP loan disbursement date	
6/1/	2020	
Cov	ered Period End Date	
11/1	15/2020	
Pay	roll Schedule	
Mor	nthly	
Alto	metius Deveel Covered Davied Davie Date	
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Alter Alter igible e total i e cover Enter thh Fable 1: USD Enter thh Fable 2: USD	mative Payroll Covered Period Begin Date mative Payroll Covered Period End Date Payroll costs amount of cash compensation eligible for forgiveness may not exceed an annual salary of \$100,000, as prorated for ed Period. For an 8-week Covered Period, that total is \$15,386. For a 24-week Covered Period, that total is \$46,154. e total cash compensation for employees making less than \$100K. This will be (Box 1) from PPP Schedule A Worksheet, 150,000.00 e total cash compensation for employees making greater than \$100K. This will be (Box 4) from PPP Schedule A Worksheet, 150,000.00	
Alter Alter igible e total a e Cover Enter th USD Enter th USD Enter th USD	mative Payroll Covered Period Begin Date mative Payroll Covered Period End Date Payroll costs amount of cash compensation eligible for forgiveness may not exceed an annual salary of \$100,000, as prorated for ed Period. For an 8-week Covered Period, that total is \$15,385. For a 24-week Covered Period, that total is \$46,154. e total cash compensation for employees making less than \$100K. This will be (Box 1) from PPP Schedule A Worksheet, 150,000.00 e total cash compensation for employees making greater than \$100K. This will be (Box 4) from PPP Schedule A Worksheet, 150,000.00 e total amount paid for employer contributions for employee health insurance:	
Alter Alter igible e total i e cover Enter the Table 1: USD Enter the USD Enter the USD	mative Payroll Covered Period Begin Date mative Payroll Covered Period End Date Payroll costs amount of cash compensation eligible for forgiveness may not exceed an annual salary of \$100,000, as prorated for ed Period. For an 8-week Covered Period, that total is \$15,385. For a 24-week Covered Period, that total is \$46,154. e total cash compensation for employees making less than \$100K. This will be (Box 1) from PPP Schedule A Worksheet, 150,000.00 e total cash compensation for employees making greater than \$100K. This will be (Box 4) from PPP Schedule A Worksheet, 150,000.00 e total amount paid for employer contributions for employee health insurance: 50,000.00	
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Alter Alter igible e total a c Cover Enter the Table 1: USD Enter the USD Enter the USD Enter the USD	mative Payroll Covered Period Begin Date mative Payroll Covered Period End Date Payroll costs amount of cash compensation eligible for forgiveness may not exceed an annual salary of \$100,000, as prorated for ed Period. For an 8-week Covered Period, that total is \$15,385. For a 24-week Covered Period, that total is \$46,154. total cash compensation for employees making less than \$100K. This will be (Box 1) from PPP Schedule A Worksheet, 150,000.00 total cash compensation for employees making greater than \$100K. This will be (Box 4) from PPP Schedule A Worksheet, 150,000.00 total amount paid for employer contributions for employee health insurance: 50,000.00 total amount paid for employer contributions to employee retirement plans: 75,000.00	
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Tell Us About Your Payroll Costs (All)

- Select the appropriate answers to **Payroll Costs** during the period covered by your Loan. •
- Click Next or Save and Come Back Later when finished •
- The Help Box to the right will provide information helpful for determining eligible expenses ٠

ompe e total a e Cover	nsation to Owners amount of cash compensation eligible for forgiveness may not exceed an annual salary of \$100,000, as prorated for ed Period. For an 8-week Covered Period, that total is \$15,385. For a 24-week Covered Period, that total is \$20,833.	
Compen	sation to Owners	
USD	20,000.00	*
lumber	of Owners	
2		*
	Next	
	Save and come back later	
		,





Tell Us About Your Headcount (Non-EZ)

- Select the appropriate answers to tell us about your Headcount and Salary information by • filling out the required fields
- The Help Box on the right will give you information helpful for determining Headcount ٠

*
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Tell Us About Your Headcount

- Select the appropriate answers to tell us about your Headcount and Salary information by ٠ filling out the required fields
- The Help Box on the right will give you information helpful for determining Headcount ٠
- Click Next or Save and Come Back Later when finished ٠

Do you meet t	he criteria for the FTF Reducti	on Safe Harbor 1 requirer	nent described above?	2	
	Yes 🗸			No	
FTE Reduct	ion Safe Harbor 2:				
Leveraging the	Schedule A worksheet, you	can determine if you me	et the criteria for the	FTE Reduction Safe Har	bor 2 optio
Do you meet th	ne criteria for the FTE Reduction	on Safe Harbor 2 requirer	nent described above?	?	
	Yes			No	
Salary Details	5				
Salary Details	Salary or hourly wages during the Cove	red Period or the Alternative Pay	roll Covered Period?		
Salary Details	s salary or hourly wages during the Cove Yes →	red Period or the Alternative Pay	roll Covered Period?	_	
Salary Details	S salary or hourly wages during the Cove Yes	red Period or the Alternative Pay	roll Covered Period? No	\rightarrow	
Salary Details	S salary or hourly wages during the Cove Yes ee get a salary reduction over 25%?	red Period or the Alternative Pay	roll Covered Period? No		







Tell Us About Your Headcount (EZ Form)

- Select the appropriate answers to tell us about your Headcount and Salary information by ٠ filling out the required fields
- The Help Box on the right will give you information helpful for determining Headcount ٠
- Click Next or Save and Come Back Later when finished ٠

	Headcount Details
Headc	ount Details
Do we Yes	have your number of employees at the time of the loan application on file?
Employ 7	yees at time of loan application
Ve're m nter it l	issing the number of employees at time of loan application. Please below.
mployees	at Time of Forgiveness Application
7	
	Next





Tell Us About Your Non Payroll Costs (All)

- Select the appropriate answers to Non Payroll Costs by filling out the required fields ٠
- The Help Box on the right will give you information helpful for determining Headcount •
- Click Next or Save and Come Back Later when finished •

	Let's gather information about your nonpayroll costs	
Eligible	nonpayroll costs	
Busines	s mortgage interest payment	
USD	80,000.00	
Expense	e for Rent or lease payments	
USD	40,000.00	
Busines	s utility payments	
	20,000.00	
USD		ĺ
USD	Next	





Loan Details (All)

- The next screen will show the details of your original Paycheck Protection Loan ٠
- ٠ If you received an Economic Injury Disaster Loan from the SBA you will enter the amount of any advances you received otherwise leave these fields blank.

Let's	s review some details	s about your original F	aycheck Protection	Loan
Paycheck F	Protection Loan Amoun	nt		
USD 95,80	00.00			
Date that th	he funds of your PPP Id	oan were disbursed		
cess of \$2	million.			
Did you the Born nillion?	rower (together with aff	filiates, if applicable) re	ceive PPP loans in exc	cess of \$2
Did you the Bon million?	rower (together with aff	filiates, if applicable) re	ceive PPP loans in exc No 🗸	cess of \$2
Did you the Bon million? you did not ay leave th EIDL Application	rower (together with aff Yes t receive an Eco ese fields blank n Number	filiates, if applicable) rea	veive PPP loans in exc No ✓ Saster Loan (EID	eess of \$2 PL) loan you
Did you the Bon million? you did not ay leave th EIDL Application Enter the amoun received.	rower (together with aff Yes t receive an Eco tese fields blank n Number nt of any advance on ye	Tiliates, if applicable) rea	xeive PPP Ioans in exc No ↓ caster Loan (EID ic Injury Disaster Loan	PL) Ioan you

Click Next or Save and Come Back Later when finished ٠







Estimated Forgiveness Calculation (Non EZ)

Review the data you have entered and confirm it is correct. . If something is incorrect you can • use the navigation bar on the left to return to a previous section to update it.

Pa	vroll and Nonpavroll Costs
	· · · · · · · · · · · · · · · · · · ·
	Line 1. Payroll Costs (enter the amount from PPP Schedule A, line 10):
	USD 1,040,000.00
	Line 2. Business Mortgage Interest Payments:
	USD 20,000.00
	Line 3. Business Rent or Lease Payments:
	USD 0.00
	Line 4. Business Utility Payments:
	USD 3,000.00
۸d	iustments for Full-Time Equivalency (FTE) and Salan/Hourly Wage
Re	ductions
	Line 5. Total Salan/Hourly Ware Deduction (enter the amount from DDD Schodule A
	line 3): Note: if this number is 0, then you have indicated that no employees have had a
	salary reduction in excess of 25% or you meet the Safe Harbor requirements.
	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):
	1.00
ote	ential Forgiveness Amounts
L	ine 8. Modified Total (multiply line 6 by line 7):
L	ine 9. PPP Loan Amount:
l	JSD 95,800.00
۱ ,	Ine 10. Payroll Cost 75% Requirement (divide line 1 by 0.75):
U	JSD 1,386,666.67
org	giveness Amount
_	-
L	ine 11. Forgiveness Amount (enter the smallest of lines 8, 9, and 10):

Clic •







Estimated Forgiveness Calculation (EZ)

Review the data you have entered and confirm it is correct. . If something is incorrect you can use the navigation bar on the left to return to a previous section to update it.



Click Next or Save and Come Back Later when finished ٠







PPP Schedule A (Non EZ)

Review the data you have entered and confirm it is correct. If something is incorrect you can use • the navigation bar on the left to return to a previous section to update it.

u on the	Forgiveness Application.	
PP Sc	hedule A Worksheet, Table 1 Totals	
Line 1 USD	I. Enter Cash Compensation (Box 1) from PPP Schedule A Worksheet, Table 1: 300,000.00	
Line 2 25	2. Enter Average FTE (Box 2) from PPP Schedule A Worksheet, Table 1:	
Line 3 Table salary	8. Enter Salary/Hourly Wage Reduction (Box 3) from PPP Schedule A Worksheet, 1: Note: if this number is 0, then you have indicated that no employees have had a reduction in excess of 25% or you meet the Safe Harbor requirements.	
PP Sc	hedule A Worksheet, Table 2 Totals	
Line 4 USD	 Enter Cash Compensation (Box 4) from PPP Schedule A Worksheet, Table 2: 400,000.00 	
Line 5 5	5. Enter Average FTE (Box 5) from PPP Schedule A Worksheet, Table 2:	
		е.
lon-Ca he Alte	ash Compensation Payroll Costs During the Covered Period or ernative Payroll Covered Period	î
lon-Ca he Alto Line	ash Compensation Payroll Costs During the Covered Period or ernative Payroll Covered Period 6. Total amount paid by Borrower for employer contributions for employee health ance:	î.
Non-Ca he Alta Line insur USD Line	Ash Compensation Payroll Costs During the Covered Period or ernative Payroll Covered Period	í
Line Insur USD Line Plans USD	ash Compensation Payroll Costs During the Covered Period or ernative Payroll Covered Period 6. Total amount paid by Borrower for employer contributions for employee health ance: 930,000.00 7. Total amount paid by Borrower for employer contributions to employee retirement 5.	ĺ
Non-Ca he Alta Line insur USD Line empl USD Line empl USD	 ash Compensation Payroll Costs During the Covered Period or ernative Payroll Covered Period 6. Total amount paid by Borrower for employer contributions for employee health ance: 30,000.00 7. Total amount paid by Borrower for employer contributions to employee retirement 5: 50,000.00 8. Total amount paid by Borrower for employer state and local taxes assessed on oyee compensation: 10,000.00 	ĺ
Non-Ca the Alto insur USD Line plans USD Line empl USD	Ash Compensation Payroll Costs During the Covered Period or ernative Payroll Covered Period 6. Total amount paid by Borrower for employer contributions for employee health ance: 30,000.00 7. Total amount paid by Borrower for employer contributions to employee retirement 5. 50,000.00 8. Total amount paid by Borrower for employer state and local taxes assessed on oyee compensation: 10,000.00 ensation to Owners	ĺ
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Jon-Ca he Alto Line USD Line plans USD Line empl USD	Ash Compensation Payroll Costs During the Covered Period or ernative Payroll Covered Period 6. Total amount paid by Borrower for employer contributions for employee health ance: 9. 30,000.00 7. Total amount paid by Borrower for employer contributions to employee retirement 5. 50,000.00 8. Total amount paid by Borrower for employer state and local taxes assessed on oyee compensation: 9. Total amount paid to owner-employees/self-employed individual/general partners: 9. Total amount paid to owner-employees/self-employe	ĺ
Non-Ca the Alto Line USD Line plans USD Line empl USD Compe Line USD	Ash Compensation Payroll Costs During the Covered Period or ernative Payroll Covered Period 6. Total amount paid by Borrower for employer contributions for employee health ance: 9. Total amount paid by Borrower for employer contributions to employee retirement 5. 50,000.00 8. Total amount paid by Borrower for employer state and local taxes assessed on oyee compensation: 10,000.00 9. Total amount paid to owner-employees/self-employed individual/general partners: 250,000.00 9. Total amount paid to owner-employees/self-employed individual/general partners: 250,000.00 9. Total amount paid to owner-employees/self-employed individual/general partners: 250,000.00	ĺ







PPP Schedule A (Non EZ)

Review the data you have entered and confirm it is correct. If something is incorrect you can use the navigation bar on the left to return to a previous section to update it.



Click Next or Save and Come Back Later when finished







Certifications (All)







Certifications (All)

You must click the checkbox next to each Certification to move to the next step

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.

I understand that Lender will calculate the actual dollar amount which will be forgiven based upon information and documents that I provide in this application and that forgiven amounts and that Lender has made no representations regarding the amount of the loan that will actually be forgiven. Forgiven amounts will be reported to the Small Business Association (SBA). In the event that the full amount of the loan is not forgiven, Lender may recalculate and reduce the required monthly payment for my PPP loan, based upon the remaining unforgiven amount due.

Click Next or Save and Come Back Later when finished •







EZ Certifications (EZ)

•	You must make a selection for each of the EZ certifications	
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Click Next or Save and Come Back Later when finished ٠

Itom 1				
The Borrower January 1, 202 inability to reh hire similarly o in an employed	did not reduce the numbe 0 and the end of the Cove ire individuals who were e qualified employees for un e's hours that a borrower	er of employees or the ave ered Period (other than any employees on February 15 filled positions on or befo offered to restore and we	rage paid hours of employ / reductions that arose fro , 2020, if the Borrower was re December 31, 2020, and re refused).	ees between m an s unable to I reductions
Do you certify	y that you meet the criteria f	for Option 1 above?		
	Yes		No	
Item 2 The Borrower the same level established or Health and Hu Occupational social distanci	was unable to operate bet of business activity as be guidance issued between man Services, the Directo Safety and Health Adminis ing, or any other work or o	tween February 15, 2020, a efore February 15, 2020 du n March 1, 2020 and Decer or of the Centers for Diseas stration, related to the mai customer safety requirement for Option 2 above?	and the end of the Covered te to compliance with requinber 31, 2020, by the Secre se Control and Prevention, ntenance of standards of sent related to COVID-19.	Period at irements tary of or the sanitation,
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Item 2 The Borrower the same level established or Health and Hu Occupational social distanci	was unable to operate bet of business activity as be guidance issued between man Services, the Directo Safety and Health Adminis ing, or any other work or o y that you meet the criteria f Yes	tween February 15, 2020, a efore February 15, 2020 du n March 1, 2020 and Decer or of the Centers for Diseas stration, related to the mai customer safety requirement for Option 2 above? Next Save and come back later	Ind the end of the Covered te to compliance with requineer 31, 2020, by the Secret se Control and Prevention, intenance of standards of sent related to COVID-19.	Period at irements itary of or the sanitation,





E-Consent



Click Next or Save and Come Back Later when finished







PPP Borrower Demographic Information Form (Optional)

- The following set of information is optional and will have no bearing on the forgiveness amount.
- At your discretion fill out the Demographic Information Form.

	Demographic mornation form (optional)
Disclosure is volunt	ary and will have no bearing on the loan forgiveness decision
Veteran	
1=Non-Veteran	\$
Gender	
X=Not Disclosed	۸ ۲
Race (more than 1 may be selec	ted)
X=Not Disclosed	•
Ethnicity	
X=Not Disclosed	A

Click Next or Save and Come Back Later when finished







Review and Submit

Do a final check of all your entries before hitting Submit (The populated fields will change • slightly based on the EZ or non EZ form and the selections made to the questions)

D	oes everything look right?	
	el's double check what you've entered	
Business Info		Edit
Relationship Name	Billing Address	
Training Aid Company - Test	100 First Street San Francisco, CA 94105	
Capturing Costs		Edit
Paycheck Protection Loan Funding Date	Covered Period End Date	
Payroll Schedule	Payroll Costs	
Monthly	USD 300,000.00	
Payroll Costs for EE's making > \$100K	Health Benefit Costs	
USD 400,000.00	USD 30,000.00	
Retirement Plan Contributions	State & Local Taxes on Compensation	
USD 50,000.00	USD 10,000.00	
Compensation to Owners	Interest on Covered Mortgages	
USD 250,000.00	USD 20,000.00	
Expenses for Rent	Utility Expenses	
USD 0.00	USD 3,000.00	
Headcount & Salary		Edit
Headcount Reduction?	Seasonal Business?	
No	No	
Employees Prior to Covid-19	Employees After Covid 19	
30	25	
Employees After Covid-19 Comp > \$100K	Fully Restore Headcount?	
5	No	
Any Salary Reductions?	Any Salary Reductions over 25%?	
olo	No	





Review and Submit

Estimated Forgiveness Calculation		Edit
Total Payroll Costs USD 1,040,000.00	Interest on Covered Mortgages USD 20,000.00	
Expenses for Rent USD 0.00	Utility Expenses USD 3,000.00	
Total Amt. of salary reductions over 25%	Payroll&NonPayroll Cost-Wage Reductions	
FTE Reduction Quotient 1.00	Modified Total	
Paycheck Protection Loan Amount USD 95,800.00	Payroll Cost 75% Requirement USD 1,386,666.67	
Potential Forgiveness Amounts		
PPP Schedule A Payroll Costs USD 300,000.00	Employees After Covid 19 25	Edit
Total Amt. of salary reductions over 25%	Payroll Costs for EE's making > \$100K USD 400,000.00	
Employees After Covid-19 Comp > \$100K 5	Health Benefit Costs USD 30,000.00	
Retirement Plan Contributions USD 50,000.00	State & Local Taxes on Compensation USD 10,000.00	
Compensation to Owners USD 250,000.00	Total Payroll Costs USD 1,040,000.00	
Employees Prior to Covid-19 30	Total Average FTE 30	
FTE Reduction Quotient		

• Click Next or Save and Come Back Later when finished







Review and Submit

Do a final check of all your entries before hitting Submit

Certifications		Edit
E-Consent		Edit
E-Consent Name	E-Consent Initials	
SYSYTEM TEST	ST	
Optional Demographic Information		Edit
Full Name	Role	
Walids DemoUser	Owner	
Veteran	Gender	
Race (more than 1 may be selected)	Ethnicity	

If any information is incorrect on the screen, click the Edit button in the right hand corner of that section. It will navigate you to that page to update that information. Once updated, Click the Next button on that page which will return you to the "Review and Submit" page. The only section that can not be edited is the Business information. If the Business information is incorrect please email asbcareshelp@asbhawaii.com.

Headcount & Salary Headcount Reduction? No	Seasonal Business? No	Edit
Employees Prior to Covid-19 30	Employees After Covid 19 25	
Employees After Covid-19 Comp > \$100K 5	Fully Restore Headcount? No	
Any Salary Reductions? No	Any Salary Reductions over 25%? No	

Once all information has been confirmed click Submit Application. Note: This will lock the record ٠ and you will no longer be able to edit the provided information.





Submitted, Now Add Your Docs

- Once you have submitted your application, you will get success message and an advisory to take ٠ next steps, uploading your documents.
- Click the Go to Dashboard button to go to upload your documents ٠

	Couplocating Supporting documents. Please click the Go to Dashboard button to upload the your supporting documentation in the Up Documents section of the "TO-DO-LIST". Once you've uploaded all required documentation, we will begin processing your Forgiveness Application. Failure to upload required documentation may delay the processing of your Forgiven Application. It may take several weeks to process your Forgiveness Applications. We will contact you if we ne additional information or documentation. Go to Dashboard	oad ess ed		
	Welcome to your dashboard Composition Thanks for visiting. Upload documents, check the status of your products, and keep in touch! YOUR PRODUCTS			
AMERICAIN Savings Bank	Thanks for visiting. Upload documents, check the status of your pr	oducts, and keep in touch!		
AMERICAN Savings Bank	Thanks for visiting. Upload documents, check the status of your pr TO-DO LIST Upload Documents	22 > Content of the set of the se		
AMERICAN Savings Bank	Thanks for visiting. Upload documents, check the status of your pr TO-DO LIST Upload Documents Upload Documents Download Documents Incomplete Applications	22 > 		
	Thanks for visiting. Upload documents, check the status of your pr To-DO LIST Upload Documents Download Documents Regional Documents Additional Documents Upload additional Documents Complete Applications Complete Applica	22 >		





Upload your Documents

On the Dashboard page, click on the arrow for upload documents. The number next to the arrow shows how many documents remain to upload. Note If you have multiple businesses this is the number for all businesses.

	Welcome to your dashbo Thanks for visiting. Upload documents, check the stat	ard us of your products, and
Dashboard	V TO-DO LIST	
Apply Here	Upload Documents	22 >
	Download Documents	2 >
	Incomplete Applications	17 >
	Additional Documents Upload additional documentation here, including supplemental files for to-do list items. DRAG I or br	L DROP

- **INSTRUCTIONS**
- This will show you all the document placeholders in which you need to upload documents. From here you can drag and drop files or click the browse button to use the folder explorer to upload documents.

Upload Documents	(22) ~
Form 941 Q4 SBA 7(a) - Paycheck Protection Program (\$100300.00)	DRAG & DROP of browse
Form 944 SBA 7(a) - Paycheck Protection Program (\$100300.00)	DRAG & DROP or browse
Lease Agreement SBA 7(a) - Paycheck Protection Program (\$109300.00)	DRAG & DROP or browse
Mortgage Interest Documentation SSB 7(a) - Paycheck Protection Program (\$109300.00)	DRAG & DROP or browse
Payroll Documentation BBA 7(a) - Paycheck Protection Program (\$109300.00)	DRAG & DROP or brows





Upload your Documents

Once a file has been uploaded it will appear with a check box next to the name and the drag and • drop icon will be updated with a replace icon which can be used if the wrong file was selected.







All Caught Up...We'll Notify You Soon

- You're **all caught up** will appear once you have uploaded all your required documents. •
- ٠ Your bank will reach out if there are any additional required documents or steps you need to take to help them process the forgiveness of your loan



