



Ley CARES

CORONAVIRUS AID RELIEF
and ECONOMIC SECURITY

Oscar Peña, RTRP-CPIA
Abril - 2020

OBJETIVOS

- CONOCER LOS PROGRAMAS DE PRESTAMOS Y CREDITOS TRIBUTARIOS PARA AYUDA A LOS PEQUENOS NEGOCIOS POR EL CORONAVIRUS.
- CONOCER LOS MEDIOS Y LAS FORMAS PARA ACCEDER A LA AYUDA.
- CONOCER LOS MONTOS A LOS QUE PODEMOS ACCEDER DEPENDIENDO DEL TAMANO DE NUESTRA EMPRESA.
- CONOCER CUALES DE LOS PROGRAMAS DE AYUDA O CREDITOS TRIBUTARIO COVIENE MAS A TU EMPRESA.



CARES ACT

QUE AYUDA PROVEE LA LEY “CARES” PARA LOS PEQUENOS NEGOCIOS ?

1. PRESTAMOS QUE PUEDEN SER PERDONADOS “PAYCHECK PROTECTION PROGRAM”
2. AYUDA DE EMERGENCIA DE HASTA \$10,000 EN ANTICIPOS
3. EXPANDE LOS PRESTAMOS POR DANOS ECONOMICOS POR DESASTRES (EIDL)
4. CREDITOS TRIBUTARIOS REEMBOLSABLES.

APROBADA EL 27 DE MARZO DEL 2020



PAYCHECK PROTECTION PROGRAM

RECURSOS DISPONIBLES : \$349,000 MILLONES

PRESTAMO PERDONABLE, PARA PAGAR HASTA 8 SEMANAS DE GASTOS DE NOMINA.

- QUE TIPO DE NEGOCIO ES ELEGIBLE ?
- CUANDO ESTARAN DISPONIBLE ESTE PROGRAMA ?
- COMO SE DETERMINA EL MONTO DEL PRESTAMO ?
- COMO SE DETERMINA EL MONTO A SER PERDONADO?
- QUE PASA CON LA PORCION NO PERDONADA DEL PRESTAMO?
- COMO SOLICITAR ESTE PRESTAMO?
- QUE TIPO DE GARANTIA NECESITA EL PRESTAMO?
- QUE CARGOS Y COSTO TIENE EL PRESTAMO ?





**Paycheck Protection Program
Borrower Application Form**

OMB Control No.: 3245-0407
Expiration Date: 09/30/2020

Check One: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		DBA or Tradename if Applicable	
Business Legal Name			
Business Address:		Business TIN (EIN, SSN)	Business Phone
			() -
		Primary Contact	Email Address
Average Monthly Payroll:	\$	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$
		Number of Employees:	
Purpose of the loan (select more than one): <input type="checkbox"/> Payroll <input type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): _____			

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input type="checkbox"/>

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input type="checkbox"/>

PAYCHECK PROTECTION PROGRAM FORM 2483



ANTICIPO

DE AYUDA DE EMERGENCIA POR PERDIDAS ECONOMICA (EIDL)

HASTA \$10,000.00 DE ANTICIPO NO REEMBOLSABLE (\$1,000.00 POR EMPLEADO).

- QUE ES UN EIDL Y EN QUE PUEDE SER USADO ?
- QUIEN ES ELEGIBLE PARA ESTOS PRESTAMOS ?
- QUIEN ES ELEGIBLE PARA EL ANTICIPO ?
- CUAL ES LA TASA DE INTERES Y PLAZO DE ESTOS PRESTAMOS ?
- CUANTO TIEMPO ESTA AYUDA ESTARA DISPONIBLE ?
- COMO SE SOLICITA UN EIDL ?



COMPARACIONES DE LOS PRESTAMOS

EIDL

- Hasta \$2 Millones
- 3.75 % de Interés
- 30 years
- Pagos diferidos hasta 1 year
- 1/31/2020 hasta el 12/31/2020
- No reembolsable hasta \$10,000

PPP

- Hasta 2.5 el promedio mensual de gastos en nómina, renta y utilidades. Máximo 10 millones
- 1 % de Interés
- 10 years
- Pago diferido hasta 6 meses
- 2/15/2020 hasta el 6/30/2020
- Perdonable hasta 100 % del Préstamo



CREDITOS TRIBUTARIOS

- CREDITO POR ENFERMEDAD Y FAMILIA “SICK AND FAMILY LEAVE”
 - Crédito por Licencia por Enfermedad y Familia
 - Crédito por cuidar alguien con coronavirus
 - Crédito por cuidado de niños debido a la guardería o cierre de la escuela.
- CREDITO POR RETENCION DE EMPLEADOS



CREDITO LICENCIA POR ENFERMEDAD

Hasta 80 horas por empleado a Pago Regular
Hasta \$511 por día, pero no mas de \$5,110 en total

Crédito por Cuidar a alguien con Coronavirus

- Hasta 80 horas por empleado, a 2/3 del Pago Regular
- Hasta \$200 por día, pero no mas de \$2,000 en Total

Crédito por Cuidado de niños

- Hasta 10 semanas por empleado, a 2/3 del Pago Regular
- Hasta \$200 por día, pero no mas de \$10,000 en total



CREDITO DE RETENCION DE EMPLEADOS

- Crédito reembolsable
- Salarios Pagados entre el 12 de Marzo a Enero 1 del 2021
- 50% del Salario Pagado hasta \$10,000 por empleado
- Empleadores que han suspendido Parcial o totalmente debido a ordenes gubernamentales o que haya sufrido reducción de sus ingresos en relación al mismo período del año anterior.
- Empleador puede retener de los impuestos debidos al IRS o reclamar un anticipo a través del formulario 7200.



FORM 7200

Form **7200**

(March 2020)
Department of the Treasury
Internal Revenue Service

Advance Payment of Employer Credits Due to COVID-19

Go to www.irs.gov/Form7200 for instructions and the latest information.

OMB No. 1545-0020

Name (not your trade name)		Employer identification number (EIN)
Trade name (if any)	Applicable calendar quarter (check one)	
Number, street, and apt. or suite no. If a P.O. box, see instructions.	<input type="checkbox"/> (1) April, May, June	
	<input type="checkbox"/> (2) July, August, September	
	<input type="checkbox"/> (3) October, November, December	
City or town, state, and ZIP code. If a foreign address, also complete spaces below. (See instructions.)		
Foreign country name	Foreign province/county	Foreign postal code
Does a third-party payer file your employment tax return? (See instructions.) If "Yes," enter its name.		Third-party payer's EIN (if applicable)

Tip: File Form 7200 if you can't reduce your employment tax deposits to fully account for these credits that you expect to claim on your employment tax return for the applicable quarter. Don't reduce your employment tax deposits and request advanced credits for the same expected credits. You will need to reconcile your advanced credits and reduced deposits on your employment tax return. You can't request an advance payment of the credit for sick and family leave for self-employed individuals.

Part I Tell Us About Your Employment Tax Return

- A** Check the box to indicate which employment tax return form you file (or will file for 2020):
 (1) 941, 941-PR, or 941-SS (2) 943 or 943-PR (3) 944 or 944(SP) (4) CT-1
- B** Is this a new business started on or after January 1, 2020? Yes No
 If "Yes," skip line C unless you've already filed Form 941, Form 941-PR, or Form 941-SS for at least one quarter of 2020.
- C** Amount reported on line 2 of your most recently filed Form 941 (or wages reported on Schedule R (Form 941), column (c), by your third-party payer (see instructions)). If you file a different employment tax return, see instructions
- D** Enter the total number of employees you have. See instructions

Part II Enter Your Credits and Advance Requested

1 Total employee retention credit for the quarter. See instructions	1	
2 Total qualified sick leave wages eligible for the credit and paid this quarter. See instructions	2	
3 Total qualified family leave wages eligible for the credit and paid this quarter. See instructions	3	
4 Add lines 1, 2, and 3	4	
5 Total amount by which you have already reduced your federal employment tax deposits for these credits for this quarter	5	
6 Total advanced credits requested on previous filings of this form for this quarter	6	
7 Add lines 5 and 6	7	
8 Advance requested. Subtract line 7 from line 4. If zero or less, don't file this form	8	

Third-Party Designee Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details. Yes. Complete below. No

Designee's name ▶ _____ and phone number ▶ _____

Select a 5-digit personal identification number (PIN) to use when talking to the IRS ▶ _____

Sign Here Under penalties of perjury, I declare that I have examined this form, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Printed title
Printed name	Best daytime phone	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	PTIN	Check <input type="checkbox"/> if self-employed
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

How To File Fax your completed form to 855-248-0552.



TIPO	<p>PPP (Paycheck Protection Program)</p>	<p>CREDITOS TRIBUTARIOS</p> <p>↓</p> <p>AVANCE</p>	<p>↓</p> <p>ANTICIPO</p>	<p>EIDL Danos económicos por Desastres</p>
MONTO	30.000 (OPCION 1)	15.000 (OPCION 2)	6.000 (OPCION 3)	\$38.500 (OPCION 4)
TIEMPO	INMEDIATO	SEMANTAL MENSUAL	INMEDIATO	TIEMPO NO DEFINIDO

TOTAL GASTOS \$38.500 EN 10 SEMANAS

Suelos	Renta y/o interés mortgage	Taxes de Payroll	Servicios Básicos	Gastos operativos
Trabajando				
Enfermos				
Cuidando a otros				
6 empleados				
\$30.000	\$4500	\$2400	\$600	\$1000

GRACIAS POR SU ATENCIÓN