

Department of Unemployment Assistance

Employer Medical Assistance Contribution Supplement Unit

Q4 2019 Hardship Waiver Application for Businesses

Financial hardship requires a showing by you that:

(a) your business has acted in good faith in all its relations with the Department, and certifies that it is current on state taxes and assessments, including, where applicable, the nursing facility user fee assessment; and

(b) you provide evidence of one or more of the following:

(1) your business is unable to pay the EMAC Supplement because of financial hardship and failure to obtain a hardship waiver is likely to result in substantial reduction in services, substantial loss of employment, or termination of the employer's business;

(2) your business has paid an Employer Shared Responsibility Payment and been assessed an EMAC Supplement in the same calendar year; or

(3) your business experienced a turnover rate of at least 250% over the four quarters immediately preceding the application.

Business Name and Legal Address	Mailing Address (if different from Legal Address)
Employer Account Number (EAN)	Federal Employer Identification Number (FEIN)

Complete this form if your business is (check all that apply):

☐ Small (<50 headcount)

☐ Seasonal

☐ Staffing company

☐ Billed by the IRS for Employer Shared Responsibility (ESR)

☐ Contract with the state as a human services provider

☐ Other _____

Please describe how EMAC Supplement liability has led to a substantial reduction in services, substantial loss of employment, or termination of the employer's business.

Are you at risk of terminating your business and/or laying off staff? ☐ Yes ☐ No

If yes, all financial information and documentation is required.

How many staff members? _____ What percentage of your workforce? _____

Are you at risk of a substantial reduction in services? ☐ Yes ☐ No

If yes, all financial information and documentation is required.

Please provide specific details regarding the substantial reduction in services:

Are you a business with a turnover rate of 250% or greater?

☐ Yes ☐ No If "Yes," attach the EMAC Supplement Turnover Rate Worksheet with supporting documentation and complete the certification in **Section VI** of this application. You do not need to provide financial information unless you are also applying because of financial hardship. The Employer Worksheet for Determining Turnover Rate can be found on *Learn about the EMAC Supplement Hardship Waiver* webpage.

Has your business been billed by the IRS for Employer Shared Responsibility (ESR)? ☐ Yes ☐ No

If Yes, provide the amount paid: \$_____; Date paid: _____ and complete the certification in **Section VI** of this application. For supporting documentation, you must provide a copy of ESR bill (IRS letter 226J) and proof of payment. You are not required to supply financial information.

Section I - Business Identification

Information about your business

Type of Business	Phone Number	Number of Employees
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Information about Owners, Partners, Officers, Major Shareholders, etc.

Name	Last 4 digits of Social Security Number	Title	Effective Date	Monthly Wages	Percentage of Ownership

Section II - Assets

Cash on Hand			Total \$
Bank Accounts (General Operating, Payroll, Savings, Certificate of Deposit, etc.)			
Name of Institution	Account Number	Type of Account	Balance
			Total \$

Bank Credit Available (Line of Credit, Credit Cards, etc.)							
Name of Issuer	Account Number	Credit Limit	Amount Owed	Credit Available			
			Total \$				
Real Estate (including Investment Property, Unimproved Land, Buildings, Lots, Commercial Property, etc.)							
Description	Address	Current Market Value	Amount Owed	Equity in Property			
			Total \$				
Vehicle(s) (excluding Leased Vehicles)							
Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity in Vehicle
						Total \$	

Accounts / Notes Receivable				
Name	Status	Amount Due	Credit Available	
		Total \$		
Loans from Business to Proprietor, Partner, Officers, Shareholders or Others				
Name	Relationship	Payoff Date	Status	Amount Due
			Total \$	
Machinery and Equipment (including Furniture, Fixtures, Business Machines, etc.)				
Description	Current Market Value	Amount Owed	Equity in Machinery and Equipment	
		Total \$		

Merchandise Inventory (Goods held for Sale and/or Raw Materials used in Manufacture, Fabrication or Production)			
Description	Current Market Value	Amount Owed	Equity in Merchandise
		Total \$	
Securities (Stocks, Bonds, Mutual Funds, Government Securities, Money Market Fund, etc.)			
Type	Issuer	Description	Current or Appraised Value
			Total \$
Other Assets			
Description	Current or Appraised Value	Description	Current or Appraised Value
Notes Receivable		Patents or Copyrights	
Timber, Mineral or Drilling Rights		Other Assets:	
Collectables, Antiques or Artwork			
Judgments or Settlements Receivable			
			Total \$

Section III - Liabilities			
Liabilities (Do not include any Mortgages or Vehicle Loans)			
Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable		Past Due Federal Taxes	
Loans Payable		Past Due State Taxes	
Vehicle Lease(s)		Past Due Other Taxes	
Bank Revolving Credit		Equipment Leases	
Judgments Payable		Other Liabilities:	
Accounts Payable			
			Total \$

Section IV - Net Worth Calculation	
Category Totals from Sections II and III	
Cash on Hand	\$
Bank Accounts	\$
Bank Credit Available	\$
Real Estate	\$
Vehicles	\$
Accounts/Notes Receivable	\$
Loans from Business to Proprietor, Partners, Officers, Shareholders or Others	\$
Machinery and Equipment	\$
Merchandise Inventory	\$
Securities	\$
Other Assets	\$
Total Assets	\$
Liabilities	\$
Net Worth ("Total Assets" minus "Liabilities")	\$

Section V – Income and Expense Analysis			
Income	Amount	Expenses	Amount
Gross Receipts from Sales, Services, etc.	\$	Materials Purchased	\$
Gross Rental Income	\$	Net Wages and Salaries	\$
Interest Income	\$	Rent or Mortgage Expenses	\$
Dividends and Capital Gain Distribution	\$	Installments and Lease Payment	\$
Royalty Income	\$	Supplies and Office Expenses	\$
Commission	\$	Utilities	\$
Other Income (specify)	\$	Transportation Expenses	\$
	\$	Repairs and Maintenance	\$
	\$	Insurance	\$
	\$	Current Taxes	\$
	\$	Bad Debts	\$
	\$	Travel and Entertainment	\$
	\$	Advertising	\$
	\$	Other Expenses (specify)	\$
	\$		\$
	\$		\$
Total Income	\$	Total Expenses	\$
Net Income ("Total Income" minus "Total Expenses")			Total \$

***The above Income and Expense Analysis should be reflective of the time period from Q1 2019 through Q4 2019. The information included on your Income and Expense Analysis should be supported by your Profit and Loss statement.**

Section VI - Certification

Is this business in compliance and current on state taxes and assessments, including, where applicable, the nursing facility user fee assessment?

☐ Yes ☐ No If "No," list tax type(s) and period(s) that are not current:

Is this business currently in compliance with all filing and payment requirements with Massachusetts Department of Unemployment Assistance?

☐ Yes ☐ No If "No," explain why:

Is a foreclosure proceeding pending on any real estate, equipment or other property that this business owns or has an interest in?

☐ Yes ☐ No

Is another party holding any assets on behalf of this business?

☐ Yes ☐ No If "Yes," identify:

Is this business currently under bankruptcy court jurisdiction?

☐ Yes ☐ No If "Yes," Bankruptcy Case Number:

I/We have examined this Hardship Waiver Application for Businesses and hereby affirm under the pains and penalties of perjury it is true, correct and complete. I/we understand that failure to answer all questions on this form completely and accurately will result in the rejection of any requested relief.

Taxpayer Name _____ Title _____

Taxpayer Signature _____ Date _____

Taxpayer Name _____ Title _____

Taxpayer Signature _____ Date _____

P.O.A. Name _____

P.O.A. Signature _____ Date _____

Send this completed, signed application and all attachments by email to EMACHardshipwaiver@mass.gov by 5:00 p.m. on January 14, 2020. The email subject line should include the EAN and company name. All questions must be answered; if a question does not apply, enter "N/A". Your determination will be issued to you by email, using the same address that submitted the application on behalf of your company.

Please note that late applications will not be reviewed.

The Director may revoke a hardship waiver if he finds that an employer or authorized representative submitted false information on the application. The waiver shall be revoked upon notice to the employer, and the employer shall be liable for the amount waived pursuant to the hardship waiver, plus applicable penalties and interest.

Remember to include all applicable attachments from the list below.

If you would like an attorney, CPA, or authorized agent to represent you, make sure the current tax year **is specified on the Power of Attorney authorization.**

For businesses applying because they are unable to pay the EMAC Supplement due to financial hardship and failure to obtain a hardship waiver is likely to result in substantial reduction in services, substantial loss of employment, or termination of the employer's business, the following supporting documentation is required:

- A current Profit and Loss statement covering at least the most recent 12-month period (January 2019-December 2019).
- Copies of the six most recent bank statements for each business account and copies of the three most recent statements for each investment account.
- Copies of the most recent statement of outstanding notes receivable.
- Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.
- Copies of reimbursements from the state.

For those employers applying because they have paid ESR, the following documents below are required:

- Proof of payment to the IRS for ESR bill.
- Copy of ESR bill (IRS letter 226J) if applicable.

For employers applying because they have experienced a 250% turnover rate, the documents below are required:

- Turnover rate worksheet
- Weekly payroll record for the first week of 2019Q1
- Weekly payroll record for the first week of 2019Q2
- Weekly payroll record for the first week of 2019Q3
- Weekly payroll record for the first week of 2019Q4
- Weekly payroll record for the last week of 2019Q4

NOTE: If a section of the hardship waiver does not apply to you, please write 'N/A'. For all applicable sections, please fill in completely and do not simply write 'see attached'. Applications that include this language may impede your chances of being approved.