



CITIZENS BANK OF THE SOUTH

SBA - Payroll Protection Program

BUSINESS INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____
 (4 DIGIT EXT REQUIRED) _____ -
*<https://tools.usps.com/go/zip-code-lookup.htm>

NATURE OF BUSINESS _____ **SIC CODE** _____

BUSINESS FORMATION Sole Proprietor Partnership C-Corp S-Corp
 LLC Ind Contractor Self-Employed 501(c)(3) Nonprofit

DATE OF BUSINESS FORMATION OR INCORPORATION _____

PRINCIPAL INFORMATION (REQUIRED FOR ALL INDIVIDUALS WITH 20%+ OWNERSHIP)

A COPY OF AN UNEXPIRED DRIVER'S LICENSE IS REQUIRED FOR ALL PRINCIPALS

NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____
 (4 DIGIT EXT REQUIRED*) _____ -
*<https://tools.usps.com/go/zip-code-lookup.htm>

DATE OF BIRTH _____ **STATE OF BIRTH** _____

NO. OF YEARS IN BUSINESS _____

CITIZENSHIP US Citizen **ETHNICITY** Hispanic or Latino
 Permanent Resident Alien Not Hispanic or Latino
 Non-Immigrant Alien Unknown
 Illegal Alien

GENDER Female **RACE** American Indian or Alaska Native
 Male Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 White

VETERAN STATUS Non-Veteran Federal Activated – Reservist and National Guard
 Service-Disabled Veteran Spouse of Veterans, Service-Disabled Veterans, Active
 Veteran Duty Military, Reservists & National Guard
 Active Duty Military eligible for the Widowed Spouse of Service Member or Veteran who died
military's Transition Assistance of service-connected disability
Program