

## Rosen 2020 Tax Planning Questionnaire

Legal Entity Name: \_\_\_\_\_

Note: If you have multiple entities, please complete this for each.

For each item please complete or write "N/A"

	Amount	Date received
PPP Loan		
EIDL Grant		
EIDL Loan		
HHS Provider Relief		
Delta		
Other Medicaid Relief		
State Grant		
State Loan		

Projected Practice Collections from your dental software (not QB)

2020

July	
August	
September	
October	
November	
December	