

# Sole Proprietor Employee Statement

Sole proprietors with no additional employees may complete this form and upload it with their Forsyth County CARE Small Business Grant application.

I, \_\_\_\_\_, hereby certify that I am a sole proprietor with no additional employees or subcontract workers. The business began operations on (date)\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business Name (as shown on line 1 of W-9)

\_\_\_\_\_  
Date