



LEDA Recovery Grants application
Supplemental Payroll Report

*Please complete separate reports for both your
highest number of employees and your lowest number of employees*

Business Name

Business FEIN

Street Address

City, State, Zip

Phone Number

Email Address

DWS ES903A Quarter report (date, year)

Actual number of employees

Which does the DWS ES903A form represent?

Highest number of employees

Lowest number of employees

Total number of hours worked during the quarter by all employees

Name of person completing the form

Date