

**Advance Payment of Employer Credits Due to COVID-19**

OMB No. 1545-0029

▶ Go to [www.irs.gov/Form7200](http://www.irs.gov/Form7200) for instructions and the latest information.

Name (not your trade name)		Employer identification number (EIN)
Trade name (if any)	Applicable calendar quarter (check one)	
Number, street, and apt. or suite no. If a P.O. box, see instructions.	<input type="checkbox"/> (2) April, May, June	
	<input type="checkbox"/> (3) July, August, September	
	<input type="checkbox"/> (4) October, November, December	
City or town, state, and ZIP code. If a foreign address, also complete spaces below. (See instructions.)		
Foreign country name	Foreign province/county	Foreign postal code
Does a third-party payer file your employment tax return? (See instructions.) If "Yes," enter its name.		Third-party payer's EIN (if applicable)

**Tip:** File Form 7200 if you can't reduce your employment tax deposits to fully account for these credits that you expect to claim on your employment tax return for the applicable quarter. Don't reduce your employment tax deposits and request advanced credits for the same expected credits. You will need to reconcile your advanced credits and reduced deposits on your employment tax return. You can't request an advance payment of the credit for sick and family leave for self-employed individuals.

**Part I Tell Us About Your Employment Tax Return**

- A** Check the box to indicate which employment tax return form you file (or will file for 2020):  
 (1) 941, 941-PR, or 941-SS     (2) 943 or 943-PR     (3) 944 or 944(SP)     (4) CT-1
- B** Is this a new business started on or after January 1, 2020? . . . . . ▶  Yes     No  
 If "Yes," skip line C unless you've already filed Form 941, Form 941-PR, or Form 941-SS for at least one quarter of 2020.
- C** Amount reported on line 2 of your most recently filed Form 941 (or wages reported on Schedule R (Form 941), column (c), by your third-party payer (see instructions)). If you file a different employment tax return, see instructions . . . . . ▶ \_\_\_\_\_
- D** Enter the total number of employees you have. See instructions . . . . . ▶ \_\_\_\_\_

**Part II Enter Your Credits and Advance Requested**

1 Total employee retention credit for the quarter. See instructions . . . . .	<b>1</b>	
2 Total qualified sick leave wages eligible for the credit and paid this quarter. See instructions . . . . .	<b>2</b>	
3 Total qualified family leave wages eligible for the credit and paid this quarter. See instructions . . . . .	<b>3</b>	
4 Add lines 1, 2, and 3 . . . . .	<b>4</b>	
5 Total amount by which you have already reduced your federal employment tax deposits for these credits for this quarter . . . . .	<b>5</b>	
6 Total advanced credits requested on previous filings of this form for this quarter . . . . .	<b>6</b>	
7 Add lines 5 and 6 . . . . .	<b>7</b>	
8 <b>Advance requested.</b> Subtract line 7 from line 4. If zero or less, don't file this form . . . . .	<b>8</b>	

**Third-Party Designee** Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.  Yes. Complete below.     No

Designee's name ▶ \_\_\_\_\_ and phone number ▶ \_\_\_\_\_

Select a 5-digit personal identification number (PIN) to use when talking to the IRS ▶

**Sign Here** Under penalties of perjury, I declare that I have examined this form, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Printed title
Printed name		Best daytime phone

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	PTIN	Check <input type="checkbox"/> if self-employed
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

**How To File** Fax your completed form to 855-248-0552.