Form **7200**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

Advance Payment of Employer Credits Due to COVID-19

▶ Go to *www.irs.gov/Form7200* for instructions and the latest information.

OMB No. 1545-0029

Name (not your trade name)	Employer identification number (EIN)

Trade name (if any)

Applicable calendar quarter in 2021 (check only one box) **Caution:** See instructions before completing to determine if the credits and advance are available for the applicable quarter in 2021.

Number, street, and apt. or suite no. If a P.O. box, see instructions.

City or town, state, and ZIP code. If a foreign address, also complete spaces below. (See instructions.)

(1) ☐ January, February, March

(2) ☐ April, May, June

Foreign country name	Foreign province/county	Foreign postal code

(3) ☐ July, August, September

(4) ☐ October, November, December

Name on employment tax return (third-party payer) that will report the wages and credits related to the advance you're requesting in Part II (leave blank if return is filed under your name and EIN). See instructions.

EIN on employment tax return (if other than your own)

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, or year if you file an annual return. 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 2021). Check only one box.
(1) ☐ 941, 941-PR, or 941-SS **(2)** ☐ 943 or 943-PR **(3)** ☐ 944 or 944(SP) **(4)** ☐ CT-1

B Is this a business that started on or after January 1, 2020? You must check one box. . . . . ▶ ☐ **Yes** ☐ **No**

C Amount reported on line 2 of your most recently filed Form 941 (or wages reported on Schedule R (Form 941), column (d), by your third-party payer (see instructions)). If you file a different employment tax return or have never filed one, see instructions ▶ _____

D Tax period of most recently filed Form 941 (for example, "Q4 2020") or annual employment tax return (for example, "2020") ▶ _____

E If you're requesting an advance payment of the employee retention credit (Part II, line 1), enter the average number of full-time employees you had in 2019 (or 2020 if your business wasn't in existence in 2019). Aggregation rules apply. See instructions . . . . ▶ _____

F If you're requesting an advance payment for qualified sick and/or family leave wages (Part II, lines 2 and/or 3), enter the number of employees you had when qualified leave was taken during the quarter for the advance requested. See instructions . . ▶ _____

Part II Enter Your Credits and Advance Requested

1	Total employee retention credit for the quarter. Don't enter more than the amount eligible to be advanced for the quarter. See instructions	**1**	
2	Total qualified sick leave wages eligible for the credit and paid this quarter. See instructions	**2**	
3	Total qualified family leave wages eligible for the credit and paid this quarter. See instructions	**3**	
4	Add lines 1, 2, and 3	**4**	
5	Total amount by which you have already reduced your federal employment tax deposits for these credits for this quarter. Enter as a positive number **5**		
6	Total advanced credits requested on previous filings of this form for this quarter . **6**		
7	Add lines 5 and 6	**7**	
8	**Advance requested.** Subtract line 7 from line 4. If zero or less, don't file this form	**8**	

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 ☐ 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.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 56392D Form **7200** (Rev. 1-2021)