

Department of the Treasury
Internal Revenue Service

▶ Go to 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 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.)				
Foreign country name	Foreign province/county	Foreign postal code	<input type="checkbox"/> (2) April, May, June <input type="checkbox"/> (3) July, August, September <input type="checkbox"/> (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)	

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 (4) CT-1

B Enter the total number of employees to whom you paid qualified wages eligible for the employee retention credit this quarter ▶ _____

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 ▶ _____

G Number of individuals provided COBRA premium assistance during the quarter for the advance requested. ▶ _____

H If you're eligible for the employee retention credit solely because your business is a recovery startup business, check here ▶

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 Total COBRA premium assistance provided this quarter. See instructions	4	
5 Add lines 1, 2, 3, and 4	5	
6 Total amount by which you have already reduced your federal employment tax deposits for these credits for this quarter. Enter as a positive number	6	
7 Total advanced credits requested on previous filings of this form for this quarter.	7	
8 Add lines 6 and 7.	8	
9 Advance requested. Subtract line 8 from line 5. If zero or less, don't file this form	9	

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. <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No				
	Designee's name ▶ _____ and phone number ▶ _____ Select a 5-digit personal identification number (PIN) to use when talking to the IRS. ▶ _____				
Sign Here	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.				