Advance Payment of Employer Credits Due to COVID-19

Department of the Treasury

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

Internal Revenue Service								
Name (not your trade name)				E	Employer identification number (EIN)			
THE EXPLORIS SCHOOL					26-2407296			
Trade name (if any)				<i>P</i>	Applicable calendar quarter (check one)			
					(2) 🗸 April, May, June			
Number, street, and apt. or suite no. If a P.O. box, see instructions.					(3) July, August, September			
401 HILLSBOROUGH STREET					(4) October, November, December			
City or tow	n, state, and ZIP code. If a foreign address, also co	omplete spaces below. (See	instructions.)	I	.,			
	I, NC 27603							
Foreign cou	·	Foreign province/county	Foreign province/county Foreign postal code					
,								
Does a third	d-party payer file your employment tax return? (Se	e instructions.) If "Yes." ente	r its name.		Third-party payer's EIN (if applicable)			
					Time party payor o Lift (ii applicable)			
	F 7000 'f 11 1							
	Form 7200 if you can't reduce your en							
	ployment tax return for the applicable of expected credits. You will need to re							
	t request an advance payment of the c					inployin	ent lax return.	
Part			y leave for self-erri	pioyea marv	duais.			
	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):								
-	941, 941-PR, or 941-SS (2) 943 or 943-PR (3) 944 or 944(SP) (4) CT-1							
	s a new business started on or after January 1, 2020?							
	es," skip line C unless you've already filed Form 941, Form 941-PR, or Form 941-SS for at least one							
-	er of 2020.							
		unt reported on line 2 of your most recently filed Form 941 (or wages reported on Schedule R (Form						
), column (c), by your third-party payer (see instructions)). If you file a different employment					ırn,		
							595,087.40	
D Enter the total number of employees you have. See instructions								
Part II	Enter Your Credits and Advan							
	Total employee retention credit for the quarter. See instructions					1	160,612.64	
	otal qualified sick leave wages eligible for the credit and paid this quarter. See instructions					2		
3 T	otal qualified family leave wages eligible for the credit and paid this quarter. See instruction					3		
4 A	dd lines 1, 2, and 3	lines 1, 2, and 3						
	tal amount by which you have already reduced your federal employment tax							
d	eposits for these credits for this quarter	sits for these credits for this quarter						
6 T	6 Total advanced credits requested on previous filings of this form for this quarter 6							
7 A	dd lines 5 and 6				[7	48,469.44	
8 A	dvance requested. Subtract line 7 fror	n line 4. If zero or less,	don't file this form	n		8	112,143.20	
	Do you want to allow an employe	e, a paid tax preparer	, or another perso	n to discuss	this return	with the	IRS? See the	
Third-	instructions for details. Yes.		No					
Party								
Design	ee Designee's name ► ALLYSON GAF	RRETT		and phone r	number ▶_	919	4791442	
J	Select a 5-digit personal identifica	tion number (P <mark>IN</mark>) to us	se when talking to	the IRS ▶ 7	4 0 7 7	2		
		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						
Sian	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.							
Sign	Your signature	Your signature Printed Printed				Executive Director		
Here	7 SHOCK!							
	Printed name Best daytin				ytime phone	ne phone		
Do:4		eparer's signature		Date	PTIN		Check if	
Paid							self-employed	
Preparer Firm's name ►					Firm's El			
Use Or	e Only Firm's address ►				Phone no.			
How					1			
To File	Fax your completed form to 855-2	48 - 0552.						
						-		