

Employee Retention Credit for Certain Tax-Exempt Organizations Affected by Qualified Disasters

OMB No. 1545-2298

▶ File this form separately; do not attach it to your return.
▶ Go to www.irs.gov/Form5884D for instructions and the latest information.

Name (not trade name) shown on Form 941 or other employment tax return	Employer identification number
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Trade name (if any) _____

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

City or town, state, and ZIP code _____

1 If filed by a third-party payer, identify the qualified tax-exempt organization here. See instructions. Check if not applicable.

Name	Employer identification number
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Number, street, and room or suite no. If a P.O. box, see instructions. _____

City or town, state, and ZIP code _____

2a Is the organization a qualified tax-exempt organization (an organization described in section 501(c) and exempt from tax under section 501(a))? See instructions **Yes** **No**

b Is the organization a federally chartered corporation, or is it a federal, state, or local college, university, hospital, or medical care entity? See instructions **Yes** **No**

If you checked "Yes" on either line 2a or 2b, go to line 3. If you checked "No" on both lines 2a and 2b, do not file this form; the organization cannot claim this credit.

3 Applicable 2020 qualified disaster zone(s) (see instructions):

(a) Disaster declaration number	(b) Description	(c) County, parish, or municipality name(s)
DR - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		
DR - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		
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DR - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		

4 Check a box to indicate the employment tax return filed:
a Form 941 **b** Form 941-PR **c** Form 941-SS **d** Form 943 **e** Form 943-PR
f Form 944 (or 944(SP)) **g** Form 944-PR **h** Form 944-SS

5 Check a box or boxes to indicate the employment tax period for which the organization is claiming this credit. See instructions:

a Check year: 2019 2020 2021 _____ (enter year)

b Check quarter (if applicable):
 1st: January, February, March 2nd: April, May, June
 3rd: July, August, September 4th: October, November, December

6a Enter the organization's total qualified wages for the 2020 qualified disaster employee retention credit paid in all employment tax periods through the end of the employment tax period indicated on line 5 to all eligible employees (up to \$6,000 each). See instructions	6a	
b Multiply line 6a by 40% (0.40)	6b	

7	Enter the number of eligible employees who earned the qualified wages for the 2020 qualified disaster employee retention credit entered on line 6a		7
8	Enter the total amount of 2020 qualified disaster employee retention credits claimed on line 12 (minus any amounts reported on line 13) of any Forms 5884-D filed for prior employment tax periods by or on behalf of the organization. See instructions Note: If line 8 is greater than line 6b, skip lines 9 through 12 and go to line 13. Otherwise, go to line 9.		8
9	Subtract line 8 from line 6b		9
10	Enter the organization's total taxable social security wages and tips reported on the return indicated on line 4 for the period indicated on line 5. See instructions Note: If a corrected return (for example, Form 941-X) was filed for the period indicated on line 5, enter the amount as corrected.		10
11a	Multiply line 10 by 6.2% (0.062)	11a	
b	If Form 5884-C was filed for the period indicated on line 5 of this form, enter the total amount of credits claimed on line 11 of Form 5884-C. See instructions	11b	
c	Enter the total amount of any qualified small business payroll tax credit for increasing research activities (Form 941, Form 943, or Form 944) filed for the period indicated on line 5 of this form. See instructions	11c	
d	Add lines 11b and 11c and subtract the total from line 11a. If the result is less than zero, enter -0-	11d	
12	Credit claimed for the employment tax period indicated on line 5. Enter the smaller of line 9 or line 11d. This is the amount you are asking us to refund to you. Stop here, sign, and mail this form to the address below. See instructions		12
13	If line 8 is greater than line 6b, subtract line 6b from line 8. This is the amount you owe. Sign and mail this form to the address below with your payment for this amount. See instructions		13

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

Sign Here	Daytime telephone number _____			
	Signature of officer _____	Title _____	Date _____	
Paid Preparer Use Only	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed PTIN _____
	Firm's name ▶ _____	Firm's EIN ▶ _____		
	Firm's address ▶ _____	Phone no. _____		

Send Form 5884-D to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201