



**Note:** *The draft you are looking for begins on the next page.*

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Form **7220**  
(December 2025)  
Department of the Treasury  
Internal Revenue Service

**Prevailing Wage and Apprenticeship (PWA)  
Verification and Corrections**

Attach to your tax return.  
Go to [www.irs.gov/Form7220](http://www.irs.gov/Form7220) for instructions and the latest information.

OMB No. 1545-XXXX

Attachment  
Sequence No. **220**

Name(s) shown on return

Identifying number

**Part I Facility/Project Information** (see instructions)

- 1** If making an elective payment election or transfer election, enter the IRS-issued registration number for the facility/project: \_\_\_\_\_
- 2a** Description of facility/project: \_\_\_\_\_
- b** Address of the facility/project (if applicable): \_\_\_\_\_
- c** Coordinates: **(i)** Latitude:    .       **(ii)** Longitude:     .        
Enter a "+" (plus) or "-" (minus) sign in the first box. Enter a "+" (plus) or "-" (minus) sign in the first box.
- 3** Date construction began (MM/DD/YYYY): \_\_\_\_\_
- 4** Date placed in service (MM/DD/YYYY): \_\_\_\_\_
- 5** Did you place the facility/project in service during the current tax year?  
☐ **Yes.** Continue to line 6, and complete Parts II and III of this form. Do not complete Part III if you are claiming increased amounts for meeting certain PWA requirements on Form 8908 or Form 7213, Part II.  
☐ **No.** Skip lines 6 and 9.
- 6** Check the box for the form on which you are claiming increased amounts for meeting certain PWA requirements:  
☐ Form 3468, Part III    ☐ Form 3468, Part V    ☐ Form 3468, Part VI    ☐ Form 7205    ☐ Form 7210  
☐ Form 7211    ☐ Form 7213, Part II    ☐ Form 7218    ☐ Form 8835    ☐ Form 8908  
☐ Schedule A (Form 8911), Part II    ☐ Form 8933
- 7** Was the construction, alteration, or repair work of the qualified facility/project done under a qualifying project labor agreement (PLA)?  
☐ **Yes.**  
☐ **No.**
- 8** Did you make correction payments related to the underpayment of prevailing wages?  
☐ **Yes.** Complete Part IV.  
☐ **No.**
- 9** Are you relying on the Good Faith Effort Exception of section 45(b)(8)(D)(ii)?  
☐ **Yes.** Complete Part V.  
☐ **No.**  
☐ **Not applicable.** Check only if you are claiming increased amounts for meeting certain PWA requirements on Form 8908 or Form 7213, Part II.
- 10** Did you perform any alterations or repairs of the facility/project during any portion of the tax year?  
☐ **Yes.** Complete Part II.  
☐ **No.** See instructions for the required statement attesting that you made no alterations or repairs to the facility/project in the tax year.

**Part II** Prevailing wages paid by you or contractor or subcontractor to laborers and mechanics on the facility/project (see instructions)

|    | (a)<br>Entity name directly employing laborers/mechanics                              | (b)<br>Entity EIN | (c)<br>Labor or work classification | (d)<br>Number of laborers/mechanics in classification | (e)<br>Total hours worked | (f)<br>Total hourly wages paid to laborers/mechanics | (g)<br>Total bona fide fringe benefits paid to laborers/mechanics | (h)<br>Add columns (f) and (g) |
|----|---------------------------------------------------------------------------------------|-------------------|-------------------------------------|-------------------------------------------------------|---------------------------|------------------------------------------------------|-------------------------------------------------------------------|--------------------------------|
| 1  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 2  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 3  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 4  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 5  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 6  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 7  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 8  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 9  |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 10 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 11 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 12 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 13 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 14 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 15 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 16 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 17 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 18 |                                                                                       |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 19 | If applicable, enter any total from any attached Parts II. See instructions . . . . . |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |
| 20 | Totals for all items . . . . .                                                        |                   |                                     |                                                       |                           | \$                                                   | \$                                                                | \$                             |

**Part III** Apprenticeship requirements and penalties (see instructions)

|    | (a)<br>Entity name directly employing<br>qualified apprentices               | (b)<br>Entity EIN | (c)<br>Labor or work<br>classification of<br>qualified apprentices | (d)<br>Number of<br>qualified<br>apprentices in<br>classification | (e)<br>Total<br>labor hours<br>worked | (f)<br>Total hourly wages<br>paid to qualified<br>apprentices | (g)<br>Total bona fide fringe<br>benefits paid to<br>qualified apprentices | (h)<br>Total labor<br>hours that did<br>not meet the<br>requirements of<br>IRC 45(b)(8)(A)<br>and (C) | (i)<br>Penalty amount<br>(multiply column (h) by<br>\$50)* |
|----|------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 2  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 3  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 4  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 5  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 6  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 7  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 8  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 9  |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 10 |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 11 |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 12 |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 13 |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 14 |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 15 |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 16 |                                                                              |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 17 | If applicable, enter any total from any attached Parts III. See instructions |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |
| 18 | Totals for all items . . . . .                                               |                   |                                                                    |                                                                   |                                       | \$                                                            | \$                                                                         |                                                                                                       | \$                                                         |

\*If you have an amount in column (i), use this amount to complete Form 4255. See instructions.

**Part IV** Corrections and penalties related to failure to satisfy prevailing wage requirements (see instructions)

|    | (a)<br>Entity name directly employing laborers/mechanics                    | (b)<br>Entity EIN | (c)<br>Labor or work classification | (d)<br>Total number of laborers/mechanics for whom you are relying to meet the penalty waiver requirements | (e)<br>Total number of laborers/mechanics for whom you are reporting a penalty payment under section 45(b)(7)(B)(i)(II) | (f)<br>Penalty Amount (multiply column (e) by \$5,000)* | (g)<br>Correction Amounts                    |                             |                                                           |
|----|-----------------------------------------------------------------------------|-------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|-----------------------------|-----------------------------------------------------------|
|    |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         |                                                         | (i)<br>Total correction payments paid by you | (ii)<br>Total interest paid | (iii)<br>Total correction amount (add (g)(i) and (g)(ii)) |
| 1  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 2  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 3  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 4  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 5  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 6  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 7  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 8  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 9  |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 10 |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 11 |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 12 |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 13 |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 14 |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 15 |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 16 |                                                                             |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 17 | If applicable, enter any total from any attached Parts IV. See instructions |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |
| 18 | Totals for all items . . . . .                                              |                   |                                     |                                                                                                            |                                                                                                                         | \$                                                      | \$                                           | \$                          | \$                                                        |

\*If you have an amount in column (f), use this amount to complete Form 4255. See instructions.

**Part V** Good Faith Effort Exception claimed for purposes of the Apprenticeship Requirements (see instructions)

|    | (a)<br>Entity name directly employing qualified apprentices                          | (b)<br>Entity EIN | (c)<br>Labor or work classification | (d)<br>Number of qualified apprentices requested in labor or work classification | (e)<br>Number of hours needed to satisfy the Apprenticeship Requirements | (f)<br>Number of hours for which qualified apprentices were requested and denied | (g)<br>Check this box if the request was denied or partially denied | (h)<br>Check this box if no response was received to request (as deemed denial) |
|----|--------------------------------------------------------------------------------------|-------------------|-------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 2  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 3  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 4  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 5  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 6  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 7  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 8  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 9  |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 10 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 11 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 12 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 13 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 14 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 15 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 16 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 17 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 18 |                                                                                      |                   |                                     |                                                                                  |                                                                          |                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                        |
| 19 | If applicable, enter any total from any attached Parts V. See instructions . . . . . |                   |                                     |                                                                                  |                                                                          |                                                                                  |                                                                     |                                                                                 |
| 20 | Totals for all items . . . . .                                                       |                   |                                     |                                                                                  |                                                                          |                                                                                  |                                                                     |                                                                                 |

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