

Form 7202 Credit Attestation Form

Taxpayer Name: _____ SSN: _____

Business Name: _____ EIN: _____

Questionnaire

Did you have to stop working at any time between January 1-December 31, 2021 due to any of the following reasons (select any that apply)

- you were advised by a healthcare professional to self-quarantine due to being in contact, experiencing symptoms, or diagnosed with COVID
- You were under a local, state, or federal advised quarantine, shelter in place, etc.
- You were eligible to receive sick leave wages as an employee
- You were eligible to receive qualified family leave wages from your employer
- You were caring for an individual who was subject to a quarantining or isolation under federal, state, or local mandates
- You were caring for a SON OR DAUGHTER because the school or place of care for that child was closed or the childcare provider for that child was unavailable due to COVID 19 precautions

Timeframe Affected

List the dates specifically, not just the month or a Yes or No

What were the dates by which you unable to work because you were advised by a healthcare professional to self-quarantine due to being in contact, experiencing symptoms, or diagnosed with COVID:

What were the dates by which you unable to work because were under a local, state, or federal advised quarantine, shelter in place, etc. _____

What were the dates by which you unable to work because you were eligible to receive sick leave wages as an employee _____

What were the dates by which you unable to work because you were caring for an individual who was subject to a quarantining or isolation under federal, state, or local mandates _____

What were the dates by which you unable to work because you were caring for a SON OR DAUGHTER because the school or place of care for that child was closed or the childcare provider for that child was unavailable due to COVID 19 precautions? _____

Attestation and Acknowledgements

- I attest that all of the information that I have entered into this form is true and accurate to the best of my knowledge.
- I understand that I must maintain appropriate documentation to show that I am a qualified self-employed individual
- I understand my preparer has helped me calculate the credit that I am qualified for based on the information that I have provided and that if an overpayment occurred it is my sole responsibility and I will not assume no fault to my preparer

Taxpayer Signature

Date