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Department of the Treasury Internal Revenue Service

## **Credits for Sick Leave and Family Leave** for Certain Self-Employed Individuals

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form7202 for instructions and the latest information. Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of person with

OMB No. 1545-0074 Attachment Sequence No. **202** 

self-employment income

Credit for Sick Leave for Certain Self-Employed Individuals Number of days you were unable to perform services as a self-employed individual because of certain Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Do not include days you included in line 1.) See If you are filing a fiscal year return, see instructions; otherwise enter 10 Enter the smaller of line 1 or line 3 . . . . . . . . . . . . . . . . Subtract line 4 from line 3 . . . . . . . . . . . . . . . Enter the smaller of line 2 or line 5 . . . . . . . . . . . . . . . Net earnings from self-employment (see instructions) . . . . . . . . . Divide line 7 by 260 (round to nearest whole number) . . . . . . . . . Enter the smaller of line 8 or \$511 . . . . . . . . . . . . Multiply line 4 by line 9 . . . . . . . . . . . . . . . . . . Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer (see instructions) Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer If line 15 and line 16 are both zero, skip to line 24 and enter the amount from line 14. Enter the smaller of line 17 or \$2,000 . . . . . . . Subtract line 18 from line 17 . . . . . . . Subtract line 23 from line 14. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form Part II **Credit for Family Leave for Certain Self-Employed Individuals** Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to a son or daughter. (Do not enter more than 50 days.) See Net earnings from self-employment (see instructions) . . . . . . . . . . . . . . Divide line 26 by 260 (round to nearest whole number) . . . . . . . . . . . . . Amount of qualified family leave wages you received from an employer (see instructions). . . . If line 31 is zero, skip to line 35 and enter the amount from line 30. Subtract line 34 from line 30. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 

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