

# Form 7202 Credit Attestation Form

Taxpayer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

## Questionnaire

Did you have to stop working at any time between April 1-December 31, 2020 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