

2021 Self-Employed COVID Worksheet (type-in fillable)

To be completed only if you or your spouse had a business during 2021.

Business owner: _____ (complete a separate form for each owner)

You may be eligible for a sick leave or family leave credit if you lost work days because of COVID-19.

Do not count a lost workday more than once.

Sick leave Part 1	Round 1	A. Were you unable to work in your business because you (max 10 days):
		<ul style="list-style-type: none">- were subject to a COVID-19 quarantine or isolation order <input type="checkbox"/> yes <input type="checkbox"/> no- were advised to self-quarantine because of COVID-19..... <input type="checkbox"/> yes <input type="checkbox"/> no- had COVID-19 symptoms and sought a medical diagnosis..... <input type="checkbox"/> yes <input type="checkbox"/> no List each day unable to work in your business from 1/1 to 3/31/2021 _____
Sick leave Part 2	Round 1	B. Were you unable to work in your business because you (max 10 days):
		<ul style="list-style-type: none">- cared for someone who was subject to a COVID-19 quarantine or isolation order or who was advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- cared for a child* whose school or place of care was closed due to COVID-19 or whose child care provider was unavailable due to COVID-19..... <input type="checkbox"/> yes <input type="checkbox"/> no List each day unable to work in your business from 1/1 to 3/31/2021 _____
Family leave	Round 1	C. Were you unable to work in your business because you (max 50 days):
		<ul style="list-style-type: none">- cared for a child* whose school or place of care was closed due to COVID-19 or whose child care provider was unavailable due to COVID-19..... <input type="checkbox"/> yes <input type="checkbox"/> no Number of days unable to work in your business from 1/1 to 3/31/2021 _____
Sick leave Part 1	Round 2	D. Were you unable to work in your business because you (max 10 days):
		<ul style="list-style-type: none">- were subject to a COVID-19 quarantine or isolation order <input type="checkbox"/> yes <input type="checkbox"/> no- were advised to self-quarantine because of COVID-19..... <input type="checkbox"/> yes <input type="checkbox"/> no- had COVID-19 symptoms and sought a medical diagnosis..... <input type="checkbox"/> yes <input type="checkbox"/> no- were exposed to COVID-19 and had to get a test or wait for the results <input type="checkbox"/> yes <input type="checkbox"/> no- got the vaccination or had to recover from it <input type="checkbox"/> yes <input type="checkbox"/> no List each day unable to work in your business from 4/1 to 9/30/2021 _____
Sick leave Part 2	Round 2	E. Were you unable to work in your business because you (max 10 days):
		<ul style="list-style-type: none">- cared for someone who was subject to a COVID-19 quarantine or isolation order or who was advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- cared for a child* whose school or place of care was closed due to COVID-19 or whose child care provider was unavailable due to COVID-19..... <input type="checkbox"/> yes <input type="checkbox"/> no- accompanied anyone to get the vaccination or cared for them afterward <input type="checkbox"/> yes <input type="checkbox"/> no List each day unable to work in your business from 4/1 to 9/30/2021 _____
Family leave	Round 2	F. Were you unable to work in your business because you (max 60 days):
		<ul style="list-style-type: none">- were subject to a COVID-19 quarantine or isolation order <input type="checkbox"/> yes <input type="checkbox"/> no- were advised to self-quarantine because of COVID-19..... <input type="checkbox"/> yes <input type="checkbox"/> no- were exposed to COVID-19 and had to get a test or wait for the results <input type="checkbox"/> yes <input type="checkbox"/> no- got the vaccination or had to recover from it <input type="checkbox"/> yes <input type="checkbox"/> no- had COVID-19 symptoms and sought a medical diagnosis..... <input type="checkbox"/> yes <input type="checkbox"/> no- cared for someone who was subject to a COVID-19 quarantine or isolation order or who was advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- accompanied anyone to get the vaccination or cared for them afterward <input type="checkbox"/> yes <input type="checkbox"/> no- cared for a child* whose school or place of care was closed due to COVID-19 or whose child care provider was unavailable due to COVID-19..... <input type="checkbox"/> yes <input type="checkbox"/> no Number of days unable to work in your business from 4/1 to 9/30/2021 _____

Please retain the documentation described on the next page with your tax records to support your lost workdays.

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Schedule C profit for 2021 \$ _____ x 92.35% = \$ _____ net S-E earnings

Schedule C profit for 2020 \$ _____ x 92.35% = \$ _____ net S-E earnings

Lost workdays claimed in 2020 Form 7202:

Line 4 _____ (sick leave Part 1 - \$511-per-day limit)

Line 6 _____ (sick leave Part 2 - \$200-per-day limit)

Line 25 _____ (family leave)

Amount of employer sick or family leave pay from W-2 or W-2 attachment:

	1/1 – 3/31/21	4/1 – 9/30/21
Sick leave (\$511-per-day limit)	\$ _____	\$ _____
Sick leave (\$200-per-day limit)	\$ _____	\$ _____
Family leave pay	\$ _____	\$ _____

* A **child** is an individual under age 18 who is: your biological, adopted, or foster child; your stepchild; a legal ward; a child for whom you have day-to-day responsibilities for care or financial support. It is also an adult son or daughter (18 years of age or older) who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

Documentation of sick leave or family leave lost work days should include:

1. The date or dates for which leave is to apply;
2. A statement of the COVID-19 related reason for leave and written support for such reason; and
3. A statement that the individual is unable to work, including by means of telework, for such reason.

In the case of a leave request based on a quarantine order or self-quarantine advice, the statement should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine, and, if the person subject to quarantine or advised to self-quarantine is not the individual, that person's name and relation to the individual.

In the case of a leave request based on a school closing or child care provider unavailability, the statement should include the name and age of the child (or children) to be cared for, the name of the school (or summer camp, summer enrichment program, or other summer program) that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the individual is receiving family leave and, with respect to the individual's inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the individual to provide care.