

COVERED EMPLOYERS?

 The paid sick leave and expanded family and medical leave provisions of the FFCRA apply to certain public employers, and private employers with fewer than 500 employees.

• Small businesses with fewer than 50 employees may qualify for exemption from the requirement to provide leave due to school closings or child care unavailability if the leave requirements would jeopardize the viability of the business as a going concern.

(Employers required to document hardships but are not required to notify the DOL)

Striving to Make a Difference in People's Lives 🛛 🔊

ELIGIBLE EMPLOYEES?

- All employees of covered employers are eligible for two weeks of paid sick time for specified reasons related to COVID-19. Employees employed for at least 30 days are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19.
 - Notice: Where leave is foreseeable, an employee should provide notice of leave to the employer as soon as is practicable. After the first workday of paid sick time, an employer may require employees to follow reasonable notice procedures in order to continue receiving paid sick time.

Striving to Make a Difference in People's Lives



CALCULATION OF PAY

- For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day (63.88 per hour) and \$5,110 in the aggregate (over a 2-week period).
- For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day (25.00 per hour) and \$2,000 in the aggregate (over a 2-week period).
- For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

Striving to Make a Difference in People's Lives

PAID SICK LEAVE FOR SELF-EMPLOYED INDIVIDUALS

- An eligible self-employed individual is defined as an individual who regularly carries on any trade or business within the meaning of section 1402 of the Code, and would be entitled to receive qualified sick leave wages or qualified family leave wages under the FFCRA if the individual were an employee of an Eligible Employer (other than himself or herself) that is subject to the requirements of the FFCRA.
- Eligible self-employed individuals are allowed an income tax credit to offset their federal self-employment tax for any taxable year equal to their "qualified sick leave equivalent amount" or "qualified family leave equivalent amount."
- For an eligible self-employed individual who is unable to work or telework because the individual falls under reasons 1 through 6 – calculated the same way as for employees, with the same limitations.

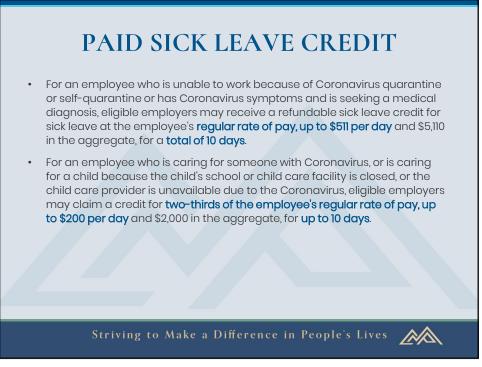
Striving to Make a Difference in People's Lives

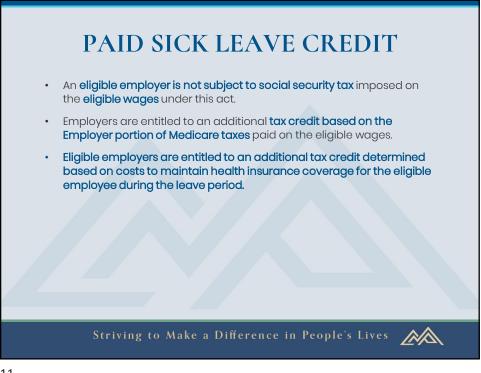
PAID SICK LEAVE FOR SELF-EMPLOYED INDIVIDUALS

- NOTE: The only days that may be taken into account in determining the qualified sick leave equivalent amount are days occurring during the period beginning on April 1, 2020, and ending on December 31, 2020.
- Average daily self-employment income is an amount equal to the net earnings from self-employment for the taxable year divided by 260. A taxpayer's net earnings from self-employment are based on the gross income that he or she derives from the taxpayer's trade or business minus ordinary and necessary trade or business expenses.
- The **refundable credits are claimed on the self-employed individual's Form 1040**, U.S. Individual Income Tax Return, tax return **for the 2020 tax year**.
- A self-employed individual **can effectively reduce payments of estimated income taxes** that the individual would otherwise be required to make if the individual was not entitled to the credit on the Form 1040.

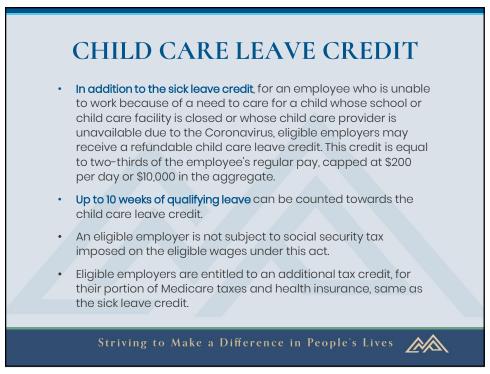
Striving to Make a Difference in People's Live







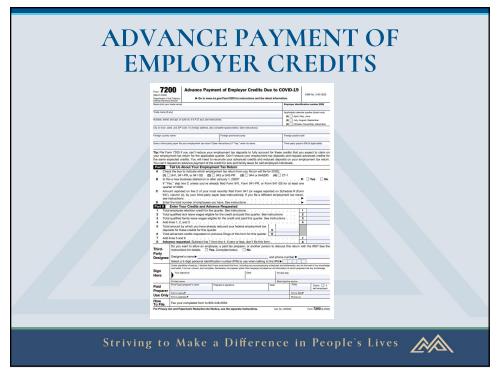




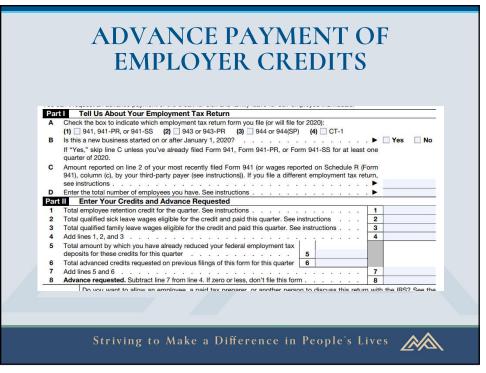
PROMPT PAYMENT FOR THE COST OF PROVIDING LEAVE

- When employers pay their employees, they are required to withhold from their employees' paychecks federal income taxes and the employees' share of Social Security and Medicare taxes. The employers then are required to deposit these federal taxes, along with their share of Social Security and Medicare taxes, with the IRS and file quarterly payroll tax returns (Form 941 series) with the IRS.
- Under guidance that will be released next week, eligible employers who pay qualifying sick or child care leave will be able to retain an amount of the payroll taxes equal to the amount of qualifying sick and child care leave that they paid, rather than deposit them with the IRS.
- The payroll taxes that are available for retention include withheld federal income taxes, the employee share of Social Security and Medicare taxes, and the employer share of Social Security and Medicare taxes with respect to all employees.
 - If there are not sufficient payroll taxes to cover the cost of qualified sick and child care leave paid, employers will be able file a request for an accelerated payment from the IRS. **The IRS** expects to process these requests in two weeks or less. This will be done by filing Form 7200 – Advance Payment of Employer Credits Due to COVID-19.

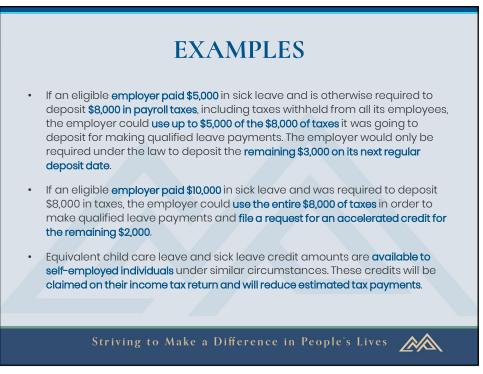
Striving to Make a Difference in People's Lives



Designal Reservation P do to www.rs.gov/roim/zoordon insudictions and die ratest informator. Name (not your trade name) Employer identification number (EIN) Trade name (if any) Applicable calendar quarter (check one) (2) April. May. Journal Number, street, and apt. or suite no. If a P.O. box, see instructions. (3) (1) July. August, September (4) Octower/ber, December City or town, state, and ZIP code. If a foreign address, also complete spaces below. (See instructions.) Foreign country name Foreign province/country Foreign country name Foreign province/country Does a third-party payer file your employment tax return? (See instructions.) If "Yes," enter its name. Third-party payer's EIN (if applicable) Tip: File Form 7200 if you can't reduce your employment tax deposits to fully account for these credits that your expect to claim your employment tax return for the applicable (areafine credits and reduced deposits on your employment tax return for the applicable (oredits and reduced deposits and rouse advanced credits:	Form 72000 (March 2020) Department of the Treasure	and the second sec	ent of Employer Credits Du		OMB No. 1545-0029
Wumber, street, and apt. or suite no. If a P.O. box, see instructions. (2) April, May, June Number, street, and apt. or suite no. If a P.O. box, see instructions. (3) July, August. September (4) October, November, December (4) October, November, December City or town, state, and ZIP code. If a foreign address, also complete spaces below. (See instructions.) Foreign postal code Foreign country name Foreign province/country Foreign postal code Does a third-party payer file your employment tax return? (See instructions.) If "Yes," enter its name. Third-party payer's EIN (if applicable) Tip: File Form 7200 if you can't reduce your employment tax deposits to fully account for these credits that you expect to claim your employment tax reture for the applicable quarter. Don't reduce your employment tax deposits and request advanced credits	Internal Revenue Service		s.gov/rom//200 for instructions and the late		cation number (EIN)
City or town, state, and ZIP code. If a foreign address, also complete spaces below. (See instructions.) Foreign country name Foreign country name Does a third-party payer file your employment tax return? (See instructions.) If "Yes," enter its name. Third-party payer's EIN (if applicable) Tip: File Form 7200 if you can't reduce your employment tax deposits to fully account for these credits that you expect to claim your employment tax return for the applicable quarter. Don't reduce your employment tax deposits and request advanced credits				(2) April, May, June	
Does a third-party payer file your employment tax return? (See instructions.) If "Yes," enter its name. Third-party payer's EIN (if applicable) Tip: File Form 7200 if you can't reduce your employment tax deposits to fully account for these credits that you expect to claim your employment tax return for the applicable quarter. Don't reduce your employment tax deposits and request advanced credits	City or town, state, and Z	P code. If a foreign address, also	complete spaces below. (See instructions.)	(4) October,	November, December
Tip: File Form 7200 if you can't reduce your employment tax deposits to fully account for these credits that you expect to claim your employment tax return for the applicable quarter. Don't reduce your employment tax deposits and request advanced credits	Foreign country name		Foreign province/county	Foreign postal coo	le
your employment tax return for the applicable quarter. Don't reduce your employment tax deposits and request advanced credits	Does a third-party payer f	ile your employment tax return? (S	ee instructions.) If "Yes," enter its name.	Third-party payer'	s EIN (if applicable)
You can't request an advance payment of the credit for sick and family leave for self-employed individuals. Part Tell Us About Your Employment Tax Return A Check the box to indicate which employment tar turn form you file (or will file for 2020):	your employment ta the same expected You can't request an Part I Tell Us	x return for the applicable credits. You will need to r a advance payment of the About Your Employme	quarter. Don't reduce your employment t econcile your advanced credits and redu credit for sick and family leave for self-em ent Tax Return	ax deposits and request ced deposits on your em ployed individuals.	advanced credits fo



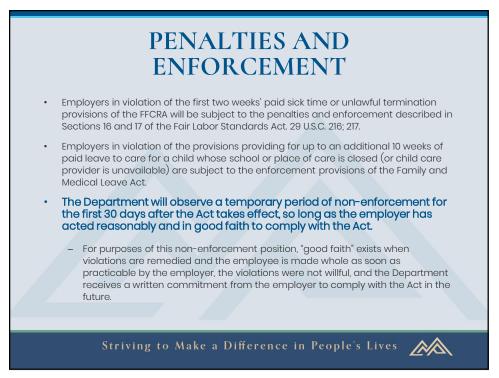
Third-	Do you want to allow an er	mployee, a paid tax prep	parer, or another p			nis return with	the IRS? See the
Party	instructions for details.	Yes. Complete below.	No				
Designee	Designee's name ►				hone nu	mber ►	1
-	Select a 5-digit personal ide Under penalties of perjury, I declare					amente and to th	a best of my knowledge
Sign Here	and belief, it is true, correct, and co						
	Your signature Date				Printed title		
	Printed name		Best daytime phone				
Paid	Print/Type preparer's name	Preparer's signature		Date	°	PTIN	Check if self-employed
Preparer	Firm's name >	-		Firm's EIN >			
Use Only	Firm's address ►					Phone no.	
How To File	Fax your completed form to 855-248-0552.						
	ct and Paperwork Reduction		te instructions.	Ca	at. No. 5639	92D	Form 7200 (3-2020)



EMPLOYER NOTICE & PROHIBITIONS

- Each covered employer must **post in a conspicuous place** on its premises a notice of FFCRA requirements.
- Employers may not discharge, discipline, or otherwise discriminate against any employee who takes paid sick leave under the FFCRA and files a complaint or institutes a proceeding under or related to the FFCRA.

Striving to Make a Difference in People's Lives





- If providing child care-related paid sick leave and expanded family and medical leave at my business with fewer than 50 employees would jeopardize the viability of my business as a going concern, how do I take advantage of the small business exemption?
 - To elect this small business exemption, you should document why your business with fewer than 50 employees meets the criteria set forth by the Department, which will be addressed in more detail in forthcoming regulations.
 - You should not send any materials to the Department of Labor when seeking a small business exemption for paid sick leave and expanded family and medical leave.

Striving to Make a Difference in People's Lives

