Form **2440**
Department of the Treasury
Internal Revenue Service

Sick-Pay Exclusion

► See separate Instructions. ► Attach to Form 1040 or Form 1040X.

1976
(Rev. 1977)

Name of taxpayer | Social Security Number

Period of absence from work (see instruction B)
From ....., 19....., to ....., 19.....

Were you hospitalized (bed patient) at least one day during this period? . . . . ☐ Yes ☐ No

Regular weekly rate of wages (see instruction F) ► $

Number of workdays in your normal workweek ►

Was your absence due to illness or injury? . . . . . ☐ Yes ☐ No

Name of employer

Payer of sick pay, if other than employer

Part I General (Disability Retirees See Part IV and Instruction J)

1 Total workdays for which you were paid during this period of absence (see instruction C) . . . . . .

2 Number of workdays in the first 30 calendar days for which you were paid . . . .

3 Number of workdays after the first 30 calendar days for which you were paid (if any)