

Social Security Administration

Retirement, Survivors, and Disability Insurance

Important Information

Date: _____

BNC#: _____

We are writing to you because we believe you may have recent work activity and we need to know more about this work activity. Please tell us about your work since _____. If you are applying for disability benefits, the information you provide will help us decide if you can receive benefits. If you are currently receiving disability benefits, the information you provide helps us decide if you can continue to receive benefits.

What You Need To Do

Please complete and return the form **within 15 days** to the address shown above. It is important to fill out the form carefully and completely. Remember to sign and date the form. If you do not return this form, we will make our determination based on the evidence we have in our records.

Some Information To Help You Complete This Form

Our records show the following self-employment income for you. This list may not be complete. It may not show your work for this year or last year. You should add any additional work information as you complete the form.

Income Reported for You		
Self-Employment	Year	Yearly Income

For More Information

Please read the enclosed pamphlet: Working While Disabled: How We Can Help. It will tell you more about why we need to know about your work, and will explain our rules about working. This pamphlet is also available at www.ssa.gov/pubs/EN-05-10095.pdf online.

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit <http://oig.ssa.gov/report> or call the Inspector General's Fraud Hotline at **1-800-269-0271** (TTY **1-866-501-2101**).

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at _____ .

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration

Enclosures:

SSA Pub No. 05-10095

Pre-addressed Envelope

Work Activity Report - Self-Employment

Identification - To Be Completed by SSA

Name of Claimant or Beneficiary	BNC#	<input type="checkbox"/> Blind <input type="checkbox"/> Not Blind
Please use this form to describe your work activity since (Insert alleged onset date, date of entitlement, or last determination date, as appropriate)		Date

Information - To Be Completed By Person Applying For Or Receiving Benefits

Please answer each of the questions on this form with as many details as you can. This information will help us decide if you should get or keep getting disability benefits.

If you need more room for your answers, go to the Remarks section at the end of the form.

- 1. Have you had any self-employment income since the DATE shown above in the Identification section? (check one)**
- NO.** If you did not work but income was reported for you, **go to Question 2.** For a list of the income that was reported for you, please refer to page 1 in the section entitled **Income Reported for You.**
- YES. Go to Question 3.**

- 2. If you did not work, but income was reported for you, for each row on page 1 under the section **Income Reported for You**, please provide additional information about the income. If the income reported for you is an error, please explain in the **Remarks** section of the form. When you are finished go to the **Signature** section to complete the form.**

Self-Employment Description	Name and Address of Payer	Payment or estimate of value	Date Worked (MM/YYYY-MM/YYYY)
Example: Income after business stopped	ABC Company 123 Any Street Your Town, MD 54321	\$100 per day, week, month, or year	01/2000 - 02/2000
		\$ _____ per _____	
		\$ _____ per _____	

- 3. Please tell us about your work since the DATE shown in the Identification section.**

Type of Self-Employment or Name of Business	Area Code and Telephone Number	Area Code and Fax Number
Mailing address	City	State ZIP

What is the primary product or service?

Date Work Started (MM/DD/YYYY)	Date Work Ended (if ended) (MM/DD/YYYY)	Still Working <input type="checkbox"/>	Average Number of Hours Worked per Month
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Type of ownership arrangement? (Check one)

- Sole Owner
 Limited Liability Company (LLC)
 Independent Contractor
 Corporation
 Partnership
 Other (Please explain)
 Farm Landlord
 Farm Tenant

BNC#: _____

4. In the space below, show each month you worked in your business, the net earnings, and if you worked 45 hours or more.

Date Worked MM/YYYY	Net Earnings	Worked more than 45 hours per month?		Date Worked MM/YYYY	Net Earnings	Worked more than 45 hours per month?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you need more room for your answers, go to the Remarks section.

5. Please attach all of your self-employment tax returns (including Schedule C & SE or 1099) since the DATE shown in the Identification section.

- I have **ENCLOSED** my Tax Returns. **Go to Question 6.**
- I **DO NOT have Tax Returns.** For any years that you DO NOT have tax returns, use the chart below to tell us about your total annual gross and net self-employment income.

Year (YYYY)	Gross	Net	Year (YYYY)	Gross	Net
	\$	\$		\$	\$
	\$	\$		\$	\$

6. Has anyone besides yourself had **management responsibilities** for this business (i.e., a partner, employee, relative, or helper) since the DATE shown in the Identification section?

- NO. Go to Question 7.**
- YES.** Complete the questions below.
 - How many hours per month (on average) does or did the other person(s) spend on management duties? _____ Hours per month
 - How many hours per month (on average) do or did you spend on management duties? _____ Hours per month

• Please tell us what duties you and the other person performed below.

Privacy Act Statement Collection and Use of Personal Information

Sections 223(d) and 1633 of the Social Security Act, as amended, allow us to collect your information or the information you are submitting on behalf of another, which we will use to determine benefits eligibility. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate determination on eligibility. As law permits, we may use and share the information you submit, including with other Federal, State, or local agencies, employers, and others as outlined in the routine uses within System of Records Notices (SORN) 60-0059 and 60-0089, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***