

PAPERWORK REDUCTION ACT
CHANGE WORKSHEET

| | | |
|---|------------|---------------------------------|
| Agency/Subagency: Commerce/Census/SSSD | | OMB Control Number 0607-0924 |
| Enter only items that change | | |
| Current Record | New Record | |
| Agency form numbers(s) | | |
| Annual reporting and recordkeeping hour burden | | |
| Number of respondents | 200,000 | 60,000 |
| Total annual responses | 200,000 | 60,000 |
| Percent of these responses collected electronically | % | % |
| Total annual hours | 33,333 | 10,000 |
| Difference | | -23,333 |
| Explanation of difference | | -23,333 |
| Program change | | |
| Adjustment | | |
| Annual reporting and recordkeeping cost burden (in thousands of dollars) | | |
| Total annualized Capital/Startup costs | | |
| Total annual costs (O&M) | | |
| Total annualized cost requested | | |
| Difference | | |
| Explanation of difference | | |
| Program change | | |
| Adjustment | | |
| Other Change** | | |
| Due to budget constraints we will mail this information collection to considerably fewer respondents than we originally expected. | | |
| Signature of Senior Official or designee: | Date: | For OIRA Use |
| | | |
| | | |

**This form cannot be used to extend an expiration date.