

**REMINDER CARD**  
**SURVEY OF INCOME AND PROGRAM PARTICIPATION**

The Census field representative will call back for the information marked (X) below for \_\_\_\_\_ →

Name of household member

**1. EMPLOYER(S)**

What was your GROSS INCOME for each of the times you were paid for the month(s) indicated?

<input type="checkbox"/>	<b>a. Employer No. 1</b> _____	Month	Month	Month	Month
		\$	\$	\$	\$

<input type="checkbox"/>	<b>b. Employer No. 2</b> _____	Month	Month	Month	Month
		\$	\$	\$	\$

**2. SELF-EMPLOYED/BUSINESS**

What was the TOTAL INCOME earned from this self-employment for the month(s) indicated?

<input type="checkbox"/>	<b>a. Self-employment No. 1</b> _____	Month	Month	Month	Month
		\$	\$	\$	\$

<input type="checkbox"/>	<b>b. Self-employment No. 2</b> _____	Month	Month	Month	Month
		\$	\$	\$	\$

Notes

Item description		Amounts for the period – <input type="text"/> through <input type="text"/>			
<input type="checkbox"/>	<b>3.</b> What was the total amount of INTEREST earned on any interest earning CHECKING ACCOUNT for the period shown above?	<input type="checkbox"/> Held jointly with your spouse	\$		
		<input type="checkbox"/> Owned individually	\$		
<input type="checkbox"/>	<b>4.</b> What was the total amount of INTEREST earned on any SAVINGS ACCOUNT for the period shown above?	<input type="checkbox"/> Held jointly with your spouse	\$		
		<input type="checkbox"/> Owned individually	\$		
<input type="checkbox"/>	<b>5.</b> What was the total amount of INTEREST earned on any MONEY MARKET DEPOSIT ACCOUNT for the period shown above?	<input type="checkbox"/> Held jointly with your spouse	\$		
		<input type="checkbox"/> Owned individually	\$		
<input type="checkbox"/>	<b>6.</b> What was the total amount of INTEREST earned on any CERTIFICATES OF DEPOSIT (CD's) for the period shown above?	<input type="checkbox"/> Held jointly with your spouse	\$		
		<input type="checkbox"/> Owned individually	\$		
<input type="checkbox"/>	<b>7.</b> What was the total amount of INTEREST earned on any MUNICIPAL or CORPORATE BONDS for the period shown above?	<input type="checkbox"/> Held jointly with your spouse	\$		
		<input type="checkbox"/> Owned individually	\$		
<input type="checkbox"/>	<b>8.</b> What was the total amount of INTEREST earned on any U.S. GOVERNMENT SECURITIES for the period shown above?	<input type="checkbox"/> Held jointly with your spouse	\$		
		<input type="checkbox"/> Owned individually	\$		
<input type="checkbox"/>	<b>9.</b> What was the total amount of DIVIDEND CHECKS earned from any MUTUAL FUNDS for the period shown above?	<input type="checkbox"/> Made out jointly to you and your spouse	\$		
		<input type="checkbox"/> In your own name	\$		
<input type="checkbox"/>	<b>10.</b> How much was earned as DIVIDENDS CREDITED AGAINST A MARGIN ACCOUNT or AUTOMATICALLY REINVESTED from any MUTUAL FUNDS for the period shown above?	<input type="checkbox"/> Held jointly with your spouse	\$		
		<input type="checkbox"/> Owned individually	\$		
<input type="checkbox"/>	<b>11.</b> What was the total amount of DIVIDEND CHECKS earned from any STOCKS for the report period indicated above?	<input type="checkbox"/> Made out jointly to you and your spouse	\$		
		<input type="checkbox"/> In your own name	\$		
<input type="checkbox"/>	<b>12.</b> How much was earned as DIVIDENDS CREDITED AGAINST A MARGIN ACCOUNT or AUTOMATICALLY REINVESTED from any STOCKS for the period indicated above?	<input type="checkbox"/> Held jointly with your spouse	\$		
		<input type="checkbox"/> Owned individually	\$		
<input type="checkbox"/>	<b>13.</b> Are you covered by health insurance in the current month?	Month <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/>	<b>14.</b> Were you covered by health insurance in the following month(s)?	Month <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	Month <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	Month <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	Month <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No