

SELF-EMPLOYMENT/CORPORATE OFFICER QUESTIONNAIRE

Please see below for revised Paperwork Reduction Act and Privacy Act Statements.

PAPERWORK/PRIVACY ACT NOTICE: This report is authorized by law under Section 203 of the Social Security Act. While your response is voluntary, your cooperation is needed to assure a correct determination of the amount of Social Security benefits due you. We would give out the facts on this form without your consent only in certain situations. For example, we give out this information if a Federal law requires us to or if your Congressman or Senator needs the information to answer questions you ask them.

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

We are required to verify retirement allegations and establish the amount of an individual's actual earnings.

You may be required to submit individual tax returns, corporate tax returns, corporate minutes and resolutions, bill of sale or transfer documents to substantiate your statements.

Please complete the following questions. Any question which is not applicable to you or your situation, please mark N/A.

NAME	SOCIAL SECURITY NUMBER
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Part A - - Your Work and Earnings

1. Describe the change in your employment situation. For example, reduction in salary, working fewer hours, transfer or sale of business, etc.

NOTE: If you transferred or sold the business, please complete Part C.

2. Effective date of the change reported in Question 1 above _____

3. Please give the name, address, phone number and type of business.

NAME
ADDRESS
PHONE
TYPE OF BUSINESS

8. Who has taken over your former duties?

NAME		RELATIONSHIP TO YOU
DATE HIRED	PRIOR EXPERIENCE	
PRIOR SALARY		CURRENT SALARY

Questions 9 and 10 refer to Income which you received prior to the change in your work activities.

9. How much did you earn in self-employment prior to the change in your work activities? _____

10. If you received any other income from the business, please indicate by type and amount below:

SALARY	RENT
DIVIDENDS	BONUSES
REPAYMENT OF LOANS	EXPENSE ACCOUNT
OTHER (Please specify)	

Questions 11 and 12 refer to income which you expect to receive after the change in your work activities.

11. How much do you expect to earn in self-employment income based on the change in your work activities? _____

12. If you will receive any other income from the business, please indicate by type and amount below.

SALARY	RENT
DIVIDENDS	BONUSES
REPAYMENT OF LOANS	EXPENSE ACCOUNT
OTHER (Please specify)	

Part B--Answer the Following Questions Only If the Business Was Incorporated

Questions 1 and 2 refer to the period before the change in your work activities.

1. What was your position in the corporation? _____

2. Complete the following information regarding corporate officers:

NAME	RELATIONSHIP TO YOU	SALARY	PERCENTAGE OF STOCK OWNED
PRESIDENT			
VICE-PRESIDENT			
SECRETARY			
TREASURER			

3. Is anyone related to you by blood or marriage receiving any remuneration from the corporation other than salary? YES NO

If yes, indicate the type of remuneration and amounts:

Questions 4 and 5 refer to the period after the change in your work activities.

4. What is your current position in the corporation? _____

5. Complete the following information regarding corporate officers:

NAME	RELATIONSHIP TO YOU	SALARY	PERCENTAGE OF STOCK OWNED
PRESIDENT			
VICE-PRESIDENT			
SECRETARY			
TREASURER			

6. Who determines what payments (e.g., salary, dividends, etc.) will be made to the corporate officers?

Title _____

Part C--Complete This Part Only If You Have Sold Or Transferred Ownership Of the Business

SALE OR TRANSFER OF BUSINESS

1. What is the date of the transfer? _____

2. What is the name of the person(s) to whom the business or farm (or interest in the same) was transferred or rented? _____

3. Is the individual named above related to you by blood or marriage?
If so, how? _____

4. Is there a bill of sale, rental agreement, or other transfer document? YES NO

a. Has the above transaction been recorded? YES NO

b. If yes, where? _____

5. Will you participate in any capacity in the operation of the business or farm after the transfer? YES NO

If yes, how? _____

6. What price did the new owner or partner pay for the transferred interest in the business? _____

7. Will you receive any income under the transfer arrangement, such as a percentage of the business income, or a fixed salary? YES NO

If yes, what is the amount of the income? _____

Privacy Act Statement

Section 203, of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to make a determination regarding the correct amount of benefits due to you. The information you furnish on this form is voluntary. However, failure to provide all or part of the information could prevent an accurate and timely decision on your benefit application.

We rarely use the information you supply for any purpose other than for making a determination on a claim. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to: (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; (4) to state audit agencies for auditing State supplementation payments and Medicaid eligibility; and (5) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Record Notice 60-0089. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.ssa.gov or at your local Social Security office.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

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 control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*