

| nuitant's Report of Earned Income for 2009 | Form Approved: OMB No. 3206-0034 |
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| If the address shown below is not correct, pleas show any change next to your address below. | | United States Office of Personnel Management Retirement Programs, 4685 Log Cabin Drive, Macon, GA 31204-6307 | | | | | | | |
|---|-----------------|---|--------------------|--------------------------|-----------------------|---------------------|------------|---------|--|
| | П | | | | For | Agenc | y Use C | nly | |
| | | Claim N | umber | | 01 | ΟII | O III | 01/ | |
| If you had any Formed Income for 2000 in | befor incor | se read the re complet me and giv | ing. The e exam | instruct ples of w | ions sta hat not t | te what to inclu | to incl | ude as | |
| If you had any Earned Income for 2009, p Total the highest amounts (shown as | | | | | | | · W-2's a | and | |
| enter below. Also, include self-employ | yment as show | n on your S | Schedule | SE, and | | | | | |
| Fill in all 6 boxes using as many begin | ning zeros as y | ou need. S | See the e | example. | | | | | |
| Example: If you had earned income, write t amount. For earnings of \$9,562.45, you wo | | | | | e approp | riate cir | cle for th | nat | |
| Example - \$9562.45 | | I | | encil or a g circle b | elow eac | | er. | | |
| Dollars | Cents | | | Dolla | ırs | | | Cents | |
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| Are you currently reemployed in the Federa | al service? | 2b. Appo | intment | type | 2c. Gra | ade and | step | | |
| (See #4 on the reverse side of this form.) | 0.1 | | | | | | | | |
| O No. O Yes, please complete 2a - | 20. | | | | | | | | |
| a. Dates of reemployment in the Federal servi | | 2d. Fed | eral age | ncy name | and add | ress if | #2 is yes | 3. | |
| From: (MM/DD/YYYY) To: (MM/DD/YY | YY) | | | | | | | | |
| | / | | | | | | | | |
| Warning: Your earnings for 2009 will be veri | | | | | | | | | |
| Earnings file. Any intentionally fals | | | | | | | | | |
| document knowing the same to co law punishable by a fine of not mo | | | | | | | | n of th | |
| By my signature here, I certify that all inform | | | | mark "X", | | | | | |
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| by me on this form is true and correct to the | best of my | sign, dat | e, and e | nter his or | her add | ress be | low. | | |

Witness' address

4. Date

5. Please provide your daytime phone number, including the area code.

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Instructions

The Office of Personnel Management (OPM) requires you as a Federal retiree who was under age 60 during the survey year and receiving disability benefits to provide information **if you had** income from wages or self-employment during 2009. By law, you may earn money from working while also receiving disability benefits, **providing** your income from wages and self-employment is **less than 80%** of the current rate of pay for the position from which you retired.

If your earned income during 2009 **met or exceeded the 80% limitation**, you are considered to be "restored to earning capacity" and we will **discontinue your disability benefits effective June 30, 2010**. If this should happen, we will notify you in writing before your final disability payment is sent. We will also notify you at that time if you are eligible for an immediate non-disability retirement or a deferred retirement.

Do You Need To Complete And Return This Form Within 30 Days?

Yes if in 2009, you:

1. Worked and earned money after retiring from Federal Service,

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2. Were reemployed by the Federal government and are still employed.

If neither of these events occurred, you do NOT need to complete or return this form.

What Does The Term "Earned Income" Mean?

- 1. Any salary or pay you received working for someone else (including overtime, vacation pay, bonuses, and severance pay, etc.)
- 2. If you are self-employed, any net profit you made from working or managing your own business.
- 3. Deferred income (income you earned but didn't receive during this calendar year).
- 4. If you are reemployed in Federal service, the gross income before your employing agency offsets your salary.

Generally, all income subject to Federal employment taxes or self-employment is considered earned income. It is on any W-2 statement issued by your employer. DO NOT INCLUDE MONEY EARNED BEFORE YOU RETIRED.

Not Considered Earned Income

Income reported on form 1099, such as Civil Service Retirement benefits, annuities, pensions, Social Security benefits, Veteran's benefits, and military retired pay, withdrawals from 401K plans, unemployment compensation, workers' compensation, interest and dividends from savings accounts, stocks, personal loans, or home mortgages held, insurance proceeds, gifts, inheritances, estates, trusts, endowments, prizes, awards, gambling or lottery winnings, alimony/child support, scholarships or fellowships, pay for jury duty, capital gains from the sale of personal property, amounts received in court actions, and rents or royalties UNLESS received in the course of your trade or business.

Need Help?

If you need another form or have additional questions about what is considered earned income or about completing and returning this form, you can call us weekdays at (202) 606-0249. For those individuals living outside the Washington DC metro area, you can call our Retirement Information Office toll free at 1-888-767-6738 from 7:30 AM to 5:30 PM, Eastern Time. If you prefer, you can write us at:

Office of Personnel Management Retirement Surveys and Student Branch 1900 E Street, NW, Room 2309 Washington, DC 20415-3562

Privacy Act and Public Burden Statements

Privacy Act: Solicitation of this information is authorized by the Civil Service Retirement Law (Chapter 83, title 5, U.S. Code) and the Federal Employees Retirement Law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, or to report income for tax purposes.

It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law.

Public Burden Statement: We estimate this form takes an average of 35 minutes per response to complete, including the time for reviewing instructions, getting needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, CRIS Publication Team (3206-0034), Washington, D.C. 20415-3430. The OMB Number 3206-0034 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.