

## SELF-EMPLOYMENT/CORPORATE OFFICER QUESTIONNAIRE

**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:** This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 20 minutes to read the instructions, gather the necessary facts, and answer the questions.

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

### 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.

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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

4. Is the business incorporated? \_\_\_\_\_

If so, date of incorporation. \_\_\_\_\_

Were you a corporate officer, or related to a corporate officer? \_\_\_\_\_

NOTE: If you were a corporate officer or related to a corporate officer, please complete Part B.

5. How many employees work in the business?

FULL TIME	PART TIME

6. List the duties which you performed in the business prior to the date shown in Item 2 on previous page. Please include the number of hours worked (both at the place of business and away), your specific responsibilities, decisions that you made, as well as tasks that you performed.

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(Continue on separate sheet, if required)

7. Describe your duties after the date in Question 2 on previous page. Please include the number of hours that you work, decisions that you make, any consultation provided, and authority that you still hold, i.e., signing of checks, dealing with other businesses as a representative of the business, making decisions, etc. Describe how your responsibility has changed since the date in Item 2.

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(Continue on separate sheet, if required)

**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? \_\_\_\_\_

REMARKS:

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law and/or State law. I affirm that all information I have given in this document is true.

**Signature of Person Making Statement**

SIGNATURE (FIRST NAME. MIDDLE INITIAL. LAST NAME)	DATE (MONTH, DAY, YEAR)
MAILING ADDRESS	PHONE (INCLUDE AREA CODE)
CITY AND STATE	ZIP CODE