Form Approved
OMB No. 0960-0025

PARTNERSHIP QUESTIONNAIRE
(For Determination of Coverage Under Title II of the Social Security Act)

PAPERWORK/PRIVACY ACT NOTICE: The Social Security Administration is authorized to collect the information on this form under sections 205(b) and 205(c) of the Social Security Act. Giving us this information is voluntary. You do not have to do it, but we may not be able to pay benefits to you or pay the correct amount (or whatever) unless you give us this information.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

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 30 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.

NOTICE—All items must be answered. If you need more space, continue in "REMARKS" on the reverse of this form or attach another sheet. If the Internal Revenue Service has ruled as to whether a partnership exists, please furnish a copy of the ruling.

NAME OF FIRM	NAME OF WAGE-EARNER OR SELF-EMPLOYED PERSON
ADDRESS OF FIRM	SOCIAL SECURITY NUMBER __ __ __ / __ __ / __ __ __ __
EMPLOYER IDENTIFICATION NUMBER	THIS RELATES TO THE PERIOD: FROM: TO:

1.	When was the partnership formed? →	
2.	What is the nature of the business?	
3.	If the partnership agreement **is** in writing, please submit a copy. (Include any changes or new agreements.) If the partnership agreement **is not** in writing, give a statement below of the arrangements between the partners as to their contributions, duties, responsibilities, rights, sharing of profits and losses, and dividing the business property when the arrangement ends.	
4.	How much money or other property did each partner contribute to the business? →	
5.	Were the business books set up to show separate capital accounts for each partner? →	☐ Yes ☐ No
6.	What training and experience for the business does each partner have?	
7.	What services does each partner perform in connection with the business?	
8.	How much time does each partner devote to the business?	
9.	How are the profits or losses divided or shared?	

10. Enter below the amount shown as net earnings from self-employment from this business for each partner on the U.S. partnership return or the individual income tax return for the last three years:

NAME OF PARTNER	TELEPHONE NO.	SOCIAL SECURITY NO. ___/__/____	LAST YEAR	TWO YEARS AGO	THREE YEARS AGO
		___/__/____			
		___/__/____			
		___/__/____			

11. Whose name or names appear on the firm's:

a. truck or automobile licenses?	
b. leases? →	
c. real property? →	
d. bank account? →	
e. business licenses and permits? →	
f. insurance policies? →	
g. business signs and advertisements? →	
h. bills? →	
i. letterheads? →	
j. orders for merchandise or supplies? →	
k. business contracts with others? →	

12.

a. Who decides what purchases to make? →	
b. Who decides what prices to charge? →	
c. Who decides what repairs or improvements to make? →	
d. Who decides who to hire and how much to pay them? →	
e. Who decides when to borrow money for the business? →	
f. Who decides what advertising to do? →	

13.

a. In what name does the firm file Social Security tax returns for its employees?

b. Who signs the returns? →	
c. What title does he/she use when signing the returns? →	

REMARKS - *(Use this space for explaining any answers to the questions. If you need more space, attach another sheet.)*

I certify that all copies of contracts and all statements submitted herewith are true, correct, and complete to the best of my knowledge and belief.

SIGNATURE	TITLE	DATE

STREET ADDRESS	CITY	STATE	ZIP CODE