

**Justification for Non-Substantive Change for SSA-820-BK  
Work Activity Report (Self-Employment)  
OMB No. 0960-0598**

**Background**

The Social Security Administration (SSA) uses Form SSA-820 to obtain information on the self-employment activities of Social Security disability applicants and recipients. The SSA-820 is a self-help form completed by the applicant or representative. SSA field office employees may also assist the claimant in completing the form

**Revision to the Collection Instrument**

We are making revisions to clarify the language and streamline the form to make it easier for respondents to use. We are also incorporating plain language principles as recommended in the Plain Writing Act of 2010. These non-substantive, non-material changes will not affect the burden for this information collection.

**Change 1:** We are moving the last paragraph on page 2 of the cover letter to the top of page 2 of the cover letter, and inserting a heading “For More Information” for the paragraph.

**Justification 1:** We moved this information for organizational purposes.

**Change 2:** We are changing the language in the first bullet under the heading on page 2 of the cover letter “If You Have Questions”

From: “Visit us online at [www.socialsecurity.gov](http://www.socialsecurity.gov). We can answer many of your general questions online.”

To: “Visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) to find general information about Social Security.”

**Justification 2:** We are making this language change for simplification purposes.

**Change 3:** We are changing the language in bullet two on page 2 of the cover letter from: “Call us toll-free at 1-800-772-1213, or call your local field office at. If you are deaf or hearing impaired, our TTY toll-free number is 1-800-325-0778. We can answer most of your questions over the phone.”

To: “Call us toll-free at 1-800-772-1213 or call your local office at 555-123-4567. You may also call your Social Security contact, John Smith, at 555-000-0000. We can answer most questions over the phone.

**Justification 3:** We are making the language change to provide recipients with a contact name. We moved “If you are deaf or hearing impaired.” to a separate location on the form for organizational purposes.

**Change 4:** We added a fourth bullet to page 2 of the cover letter: “If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778.

**Justification 4:** We added this bulleted information for organizational purposes, and changed the language to accommodate hearing impaired individuals.

**Change 5:** We bulleted the second paragraph on page 2 of the cover letter, “If you live outside of the United States...”and added the word “to” in the last sentence of that wording – You may also write to the ... We will not print this address from the eWork system if the individual lives in the United States.

**Justification 5:** We added a bullet to this paragraph for organizational purposes, and to adhere to SSA’s plain language writing initiatives. We only want to provide the contact information that is applicable to the individual who receives the form.

**Change 6:** We are changing the language in the fourth paragraph on page 2 of the cover letter from: “If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, please call ahead to make an appointment. This will help us serve you more quickly.”

To: “Please have this letter with you if you call or visit an office. If you write, please include a copy of this letter. It will help us answer your questions.”

**Justification 6:** We are making the language change for simplification and plain language writing purposes.

**Change 7:** On page 1 of the cover letter, the eWork system and the eForm system will not display the words “FO Address,” when the form is printed.

**Justification 7:** We write the FO address on the printed version to show SSA employees the field to insert the “FO Address.”

**Change 8:** We are changing the format for the Date Work Started and Date Work Ended fields in question 3 of the form, and the date fields in the table in question 7 from (MM/YYYY) to (MM/DD/YYYY).

**Justification 8:** We are changing the format of these questions because we need the full date to document entitlement for disability benefits.

**Change 9:** On page 1 of the cover letter eWork version only, we insert a first paragraph (4 options) when the beneficiary is blind or visually impaired. The language choices are:

- We are sending you this letter in both a standard print version and on a compact disc in Microsoft Word format. You will receive them in separate envelopes.
- We are sending you this letter in both a standard print version and on an audio compact disc. You will receive them in separate envelopes.
- We are sending you this letter in both a standard print version and in a Braille version. You will receive them in separate envelopes.
- We are sending you this letter in both a standard print version and a large print version. You will receive them in separate envelopes.

**Justification 9:** This is mandated procedure to accommodate visually impaired individuals.

**Change 10:** When we send a final request for this form to the beneficiary, the eWork system will generate a final notice that has an additional language that reads “On (date) we sent you a Work Activity Report to complete and return to us. We have not yet received that report. We are sending you another copy of the form.” We will only generate this language when we use the eWork system.

**Justification 10:** We added this paragraph to show recipients they have already received a copy of the form, and that we can make a determination based on our evidence if they do not respond to this final request.

**Change 12:** Paperwork Reduction Act Statement changed

From:

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 30 minutes to read the instructions, gather the necessary facts, and answer the questions. **SEND 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. 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.**

To:

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 (OMB) control number. The OMB control number for this collection is 0960-0598. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**

**Change 13:** Changed the last sentence in the What You Need To Do Paragraph on Cover Letter Page 1 from: “If you do not return this form, we may contact your employer or make our determination based on the evidence we have in our records.”

To: “If you do not return this form, we will make our determination based on the evidence we have in our records.”