

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.

See revised Privacy Act and Paperwork Reduction Act Statements below.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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 30 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.*

Privacy Act Notice

Partnership Questionnaire

Section 216(h) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine coverage eligibility on your claim.

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 eligibility.

We rarely use the information you supply for any purpose other than to determine coverage eligibility on your 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 the following:

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 Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

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 or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information are available in Systems of Records Notices entitled, Claims Folder Systems, 60-0089, and Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.