

STATEMENT OF SELF-EMPLOYMENT INCOME

PRIVACY ACT/PAPERWORK ACT NOTICE: Your response to this request is voluntary; however, failure to provide all or any part of the information requested may affect the final decision on your claim. The information requested on this form is authorized by sections 404.101 and 404.109(a)(c) of the Social Security Regulations. The information you furnish will enable the Social Security Administration to determine whether self-employment income for the current taxable year may be used in determining your eligibility for Social Security benefits. Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between the Social Security Administration and another agency.

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 you about 5 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.

1. NAME OF SELF-EMPLOYED PERSON	2. SOCIAL SECURITY NUMBER
3. NAME AND ADDRESS OF TRADE OR BUSINESS	4. NATURE OF TRADE OR BUSINESS

5. Net earnings from self-employment for the period from: _____, _____ to _____, _____

In answering items numbered 6, 7, and 8 follow the same general rules used for computing your net earnings from self-employment on your Federal income tax return. (This is only an estimate of self-employment income and does not relieve the self-employed person from filing the proper tax return at the end of the taxable year.)

6. The gross income of this business during the above period was not less than	\$	
7. The total business expenses during the same period were not more than	\$	
8. The net earnings were not less than (item 6 less item 7)	\$	
9. If your actual net earnings at the end of your taxable year are less than \$400, will you report your self-employment income under the optional method?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ANSWER 10 IN ALL CASES

10. Give the basis for your knowledge of the amounts shown above: _____

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 by fine, imprisonment or both. I affirm that all information I have given in this document is true.

DATE	SIGNATURE OF SELF-EMPLOYED PERSON OR WHERE SELF-EMPLOYED PERSON IS DECEASED OR INCOMPETENT, OF PERSON HAVING KNOWLEDGE OF THE FACTS.
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