

## STEWARDSHIP AET WORKBOOK

NUMBER HOLDER'S NAME	NUMBER HOLDER'S SSN
BENEFICIARY'S NAME AND BIC	X-REFERENCE CLAIM NUMBER
SAMPLE MONTH AND YEAR	CLOSED YEAR

**NOTE TO QR ANALYST:** In opening the interview, explain that this case is one of a small number selected by chance for review, and that the purpose of this review is to find out how well the social security program is working. Tell them that the review consists of asking questions about their entitlement to social security benefits, and that we may need to talk to others who may have information about their entitlement. If necessary, point out that the Social Security Administration is authorized by law to review from time to time the entitlement of beneficiaries.

**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 10 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.*

### DESK REVIEW

#### PART I -- CLOSED YEAR EARNINGS, NONSERVICE MONTHS, AND SWP

##### 1. MBR Annual Report Information

Closed Year	Earnings Amount	Nonservice Months	LMETY Year

##### 2. Closed Year Posted Earnings -- As shown on the SEQY/DEQY

Covered Earnings	Noncovered Earnings	Posted SWP	Countable AET Earnings

**Do the posted earnings and special wage payment (SWP) information from the DEQY for the closed year agree with the Annual Report information from the MBR/Claims file?**

Yes  No  (If No, describe the development needed to resolve the discrepancy.)

#### PART II -- ANNUAL REPORT INFORMATION

1. Did the beneficiary file an annual report for the closed year? Yes  No
2. Were earnings for the closed year available on SSA records? Yes  No
3. If Yes, was AET information given or were the earnings on SSA records by the later of April 30 of the sample year or the last day of the sample month? Yes  No
4. If Yes, did SSA process AET information by the later of April 30 of the sample year or the last day of the sample month? Yes  No

---

## FIELD REVIEW

---

Date of Beneficiary Contact:

### PART I -- CLOSED YEAR EARNINGS, NSM AND SWP

**1. Wages -- List beneficiary's employment allegations for the two years before the closed year through the date of the interview.** (Get W-2 forms for the closed year and the subsequent year, unless the DEQY agrees with the beneficiary's allegation. If earnings for closed year are significantly lower than the years before and after, ask the reason for the decline.)

Employer Name	Address	Year(s) Employed	Amount of Earnings	
			Closed Year	Subsequent Year

**Was the beneficiary a corporate officer/related to a corporate officer of a close or family corporation listed above?**      Yes      No

(If Yes, complete an SSA-795 per QRM 8044. If applicable, get a copy of resignation from office and the corporate minutes accepting the resignation. If the questionable retirement issue is still not resolved, get copies of tax returns and any other available evidence.)

---

**2. Self-employment -- List beneficiary's self-employment allegations for the two years before the closed year through the date of the interview. (Certify or make copies of schedules C or F and SE for closed year and subsequent year, if filed.)**

Name & Address of Business	Type of Business	Date Started	Date Ended	If Ended, Reason Ended

**If business sold or transferred, give the name, address, and phone number of the present operator and relationship to the beneficiary:**

---

---

---

**3. Special Wage/SEI Payments -- List any special wage/SEI payments received by the beneficiary in or after the closed year for work performed in a prior period.** (If material to payment for the closed year, get evidence showing the amount, date of payment, and type of payment.)

Employer/Payer	Amount Received	Type of Payment	Date Received

**FIELD REVIEW**

**4. Non-service Months -- If LMETY not used before the closed year, enter the alleged closed year non-service months. Check the wages block if the beneficiary earned under the monthly AET limit in wages and/or the SE block if beneficiary was SE and did not render substantial services.** (If alleged NSMs are material to payment for the closed year, get evidence of wage NSMs from the beneficiary or the employer. If SE, get the name/phone/address of people with knowledge and contact them for verification.)

Months	Wages	SE	Months	Wages	SE	Months	Wages	SE
January			May			September		
February			June			October		
March			July			November		
April			August			December		

**PART II -- ANNUAL REPORT INFORMATION**

1. Did the beneficiary give AET information to SSA for the closed year? Yes  No

2. If yes, when? \_\_\_\_\_

**CONSOLIDATED REVIEW**

Resolve any differences between desk review & field review

---



---



---



---



---



---



---



---

**CASE SUMMARY**

Countable AET Earnings Established by QR	If LEMETY is Closed Year, NSM Established by QR

**Do the payment adjustments, if any, made by SSA through the later of April 30 of the sample year or the year or the last day of the sample month accurately reflect information for the closed year?**

Yes     No (Explain):

**If there are any AET deficiencies which affect payment for the closed year, summarize here, code the error, and prepare the SSA-93 for corrective action.**

---



---



---



---

REVIEWER'S SIGNATURE	DATE