



Benefits made easier

POD Monthly Earnings & IRWE Reporting Form

Participants in the Promoting Opportunity Demonstration (POD) report their earnings monthly to the POD project. Participants who have impairment-related work expenses (IRWEs) that exceed the POD threshold (\$840 in 2017) for a given month should also report these expenses. To report your information **electronically**, go to: <insert URL for online reporting module>. To report your information by **mail or fax**, please provide the information below and complete the four steps listed on this form.

First Name	Last Name	Month and Year of Birth
2017	(____)_____	Cell Home Work (circle one)
Reporting Month	Phone Number	

Mailing Address (Street, City, State and Zip code)

	OR	
POD Study ID		Last 4 Digits of Your SSN

- Step 1:** Collect your paystubs with pay dates paid within the reporting month listed above. If you are self-employed, please determine or estimate your total profit for the reporting month.
- Step 2:** List your earnings for the reporting month in the table below, using one line per employer. If you are self-employed, list the name of the job or business as your employer in the table.
- Step 3:** Collect the receipts for your IRWEs you paid for in the reporting month. If the sum of your IRWEs is greater than \$840, list your IRWEs in the table below, using one line per IRWE. **Please note:** You should not list any IRWEs if your total IRWEs are less than \$840 for the reporting month.

Employer name/job or IRWE claimed	Total paid by employer or paid by you for the IRWE claimed
	\$
	\$
	\$
	\$
	\$

Step 4: Return this completed form and documentation (all paystubs paid in the reporting month plus receipts for IRWE if you are reporting IRWEs greater than \$840) to the POD project by: (1) mail

in the enclosed postage-paid envelope; or (2) fax at <insert fax number>. **Please submit copies of your documentation, not originals.** In order for SSA to process your information timely, your envelope needs to be **postmarked by the 6th of the month following the reporting month.**

Questions? Please contact your POD work incentives counselor or the POD call center at <insert 800 number> if you have any questions about this form. **Note:** You can sign up for monthly reminder emails to report your earnings and IRWEs. To receive monthly reminders, list your email address and sign below to provide the POD project with consent to email you a reminder each month.

Email: _____

I give consent for the POD project to email me: _____

Signature

Date

Privacy Act Statement
Collection and Use of Personal Information

Section 234 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from participating in the Promoting Opportunities Demonstration (POD) project.

We will use the information you provide to manage your participation in the POD project and for research and statistics purposes. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
2. To a congressional office in response to an inquiry from that office made at the request of the subject of a record.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records for various purposes related to the agency's administration of Federal benefit programs, including ensuring proper Federal benefit program payments.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0218, entitled Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System; 60-0090, entitled Master Beneficiary Record; 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits; 60-0094, entitled Recovery of Overpayments, Accounting, and Reporting, and 60-0330, entitled eWork. Additional information and routine uses, and a full listing of all our SORNs, are available on our website at www.socialsecurity.gov/foia/bluebook.

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 the survey questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-XXXX; expiration date XX/XX/20XX. We estimate that it will take about 10 minutes to read the instructions, and answer the survey questions. You may send comments about our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401

