



Draft

# Annuitant's Report of Earned Income for 2019

OMB Approval  
3206-0034

If the address shown below is not correct, please show any change next to your address below.

United States Office of Personnel Management  
Retirement Programs, 4685 Log Cabin Drive, Macon, GA 31204-6307

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For Agency Use Only

Claim Number

I  II  III  IV

**Please read the instructions on the reverse side of this form before completing. The instructions state what to include as income and give examples of what not to include as income.**

## 1. Please report the amount of Earned Income for 2019. Please fill in the boxes below and return this form.

- Total the highest amounts (shown as "Social Security" or "Medicare Wages") shown on all of your W-2's and enter below. Also, include self-employment as shown on your Schedule SE, and deferred income if applicable.
- Fill in all 6 boxes using as many beginning zeros as you need. See the example.

**Example:** If you had earned income, write the full amount in the boxes and blacken the appropriate circle for that amount. For earnings of \$9,562.45, you would complete the boxes as shown below.

**Example - \$9562.45**

Dollars						Cents	
0	0	9	5	6	2	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Use a number 2 Pencil or a Black or Blue PEN to darken the corresponding circle below each number.**

Dollars						Cents	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Are you **currently** reemployed in the Federal service? (See #4 on the reverse side of this form.)

No.  Yes, please complete 2a - 2d.

2b. Appointment type

2c. Grade and step

2a. Dates of reemployment in the Federal service.

From: (MM/DD/YYYY)

To: (MM/DD/YYYY)

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2d. Federal agency name and address if #2 is yes.

**Warning:** Your earnings for 2019 will be verified through a computer match with the Social Security Administration's Earnings file. Any intentionally false statement, willful concealment of material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both.

3. By my signature here, I certify that all information given by me on this form is true and correct to the best of my knowledge and belief.

If signature is by mark "X", a witness must also sign, date, and enter his or her address below.

Annuitant's signature

Witness' signature

Date

4. Date

5. Please provide your daytime phone number, including the area code.

Witness' address

## Instructions

The Office of Personnel Management (OPM) requires you as a Federal retiree who is under age 60 during the survey year and receiving disability benefits to provide information **if you had** income from wages or self-employment during 2019. By law, you may earn money from working while also receiving disability benefits, **providing** your income from wages and self-employment is **less than 80%** of the current rate of pay for the position from which you retired.

If your earned income during 2019 **met or exceeded the 80% limitation**, you are considered to be "restored to earning capacity" and we will **discontinue your disability benefits effective June 30, 2020**. If this should happen, we will notify you in writing before your final disability payment is sent. We will also notify you at that time if you are eligible for an immediate non-disability retirement or a deferred retirement.

**Do you need to complete and return this form within 30 Days? Yes**

**Please report the AMOUNT of WAGES and/or NET EARNINGS from SELF EMPLOYMENT for 2019.**

**Please report this income if you have done the following:**

**Worked and earned money after retiring from Federal Service,**

**Or**

**Were reemployed by the Federal government and are still employed.**

**\*\*\* Even if you did not have WAGES or NET EARNINGS FROM SELF EMPLOYMENT, please complete block number 1 with zeros.**

### **What Does The Term "Earned Income" Mean?**

1. Any salary or pay you received working for someone else (including overtime, vacation pay, bonuses, and severance pay, etc.)
2. If you are self-employed, any net profit you made from working or managing your own business.
3. Deferred income (income you earned but didn't receive during this calendar year).
4. If you are reemployed in Federal service, the gross income before your employing agency offsets your salary.

Generally, all income subject to Federal employment taxes or self-employment is considered earned income. It is on any W-2 statement issued by your employer. **DO NOT INCLUDE MONEY EARNED BEFORE YOU RETIRED.**

### **Not Considered Earned Income**

Income reported on form 1099, such as Civil Service Retirement benefits, annuities, pensions, Social Security benefits, Veteran's benefits, and military retired pay, withdrawals from 401K plans, unemployment compensation, workers' compensation, interest and dividends from savings accounts, stocks, personal loans, or home mortgages held, insurance proceeds, gifts, inheritances, estates, trusts, endowments, prizes, awards, gambling or lottery winnings, alimony/child support, scholarships or fellowships, pay for jury duty, capital gains from the sale of personal property, amounts received in court actions, and rents or royalties **UNLESS** received in the course of your trade or business.

### **Need Help?**

If you need another form or have additional questions about what is considered earned income or about completing and returning this form, you can call us weekdays at (202) 606-0249. For those individuals living outside the Washington DC metro area, you can call our Retirement Information Office toll free at 1-888-767-6738 (Mon-Thur from 8:00 AM to 4:00 PM, Eastern Time) or (Friday from 8:30 AM to 3:00 PM, ET). If you prefer, you can write us at:

Office of Personnel Management  
Retirement Surveys and Student Branch (Added room no.)  
Washington, DC 20415-0001

### **Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. Authority: OPM is authorized to collect the information requested on this form by 5 U.S.C., Chapter 83, Section 8337 and Chapter 84, Section 8455, which indicates, bar payment of annuity based on disability to persons under age 60 who, in any calendar year, earn more than 80 percent of the current rate of pay of the position from which they separated for retirement. Purpose: OPM will use this form to identify persons who may not be entitled to continued annuity benefits. OPM is requesting this information in order to determine if disability retirees under age 60 have earned income which will result in the termination of their annuity benefits. Routine Uses: The information may be shared externally as a "routine use" to other Federal agencies and third parties when it is necessary to review your eligibility. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for continuation of your eligibility for annuity benefits or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in OPM/Central 1 Civil Service Retirement and Insurance Records system of records notice, available at [www.opm.gov/privacy](http://www.opm.gov/privacy). Consequences of Failure to Provide Information: Providing this information to OPM is voluntary. However, failure to provide this information may result in the termination of your annuity benefits.

### **Public Burden Statement**

We estimate this form takes an average of 35 minutes per response to complete, including the time for reviewing instructions, getting needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0034), Washington, D.C. 20415-0001. The OMB Number 3206-0034 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.