

Securing today and tomorrow

SSA821 Online Application

Screen Package

August 9, 2021

Application Landing Page:

Social Security

Complete the Work Activity Report - Employee (Form SSA-821)

Instructions

This online service allows you to electronically complete, sign, and submit the Work Activity Report - Employee (Form SSA-821). You may use this online service as an alternative to completing a paper version of this form. To complete the form online, you will need a valid email address.

PRIOR TO USING THIS OPTION, YOU MAY HAVE RECEIVED A REQUEST TO COMPLETE A WORK ACTIVITY REPORT – EMPLOYEE (FORM SSA-821) FROM SOCIAL SECURITY.

Before beginning the form, you will enter and confirm your email address in the online application.

You will receive an email from adobesign@adobesign.com containing a link and instructions on how to access the form. The link will expire after fifteen (15) calendar days. If the link expires, you will need to return to this page to request a new link.

IMPORTANT: We will not process the form until you complete the form, sign the form electronically, and select "Click to Sign" to submit the form. Upon submission, you will be able to download a copy of the signed form within the application. We recommend that you save a copy for your records. You will receive an email confirming your submission.

PLEASE NOTE:

- · This website is most compatible with the following browsers: Microsoft Edge and Google Chrome.
- The form must be electronically completed, signed, and submitted in a single session.
- The system will end your session after 60 minutes of inactivity and no information will be saved.
- · An email reminder will be sent every three (3) days for fifteen (15) days or until the form has been submitted.
- · If you do not receive an email notification within a few minutes of your online submission, be sure to check your email's junk folder.

Sections 223(d) and 1633 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed or could result in an overpayment of benefits.

We will use the information to make a determination of eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- · To employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient
 administration of its programs.

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 to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819, 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0330, entitled eWork, as published in the FR on September 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

I understand and agree to the above statement

Email Landing Page:

Social Security

Work Activity Report - Employee - 821

We recommend that you verify the accuracy of your email address. If you do not receive an email notification within a few minutes of your online submission, be sure to check your email's junk folder.

Your Email

Enter Your Email

Confirm Your Email

Document Name

Work Activity Report - Employee

Completion Deadline

08/24/2021

Submit

Email Confirmation Page:



Work Activity Report - Employee

To complete the online form, open the email from adobesign@adobesign.com and click on the "Review and sign" button.

First Email:

| Mon 6/7/2021 3:06 PM |
|--|
| Social Security Administration <adobesign@adobesign.com></adobesign@adobesign.com> |
| [EXTERNAL] Social Security Administration Has Sent You Work Activity Report - Employee to Sign |
| Tenton Policy Delete 7, Year, Default (7 years) |
| If there are problems with how this message is displayed, click here to view it in a web browser. |
| |
| Action items |
| Social Security |
| Social Security Administration requests your signature |
| Work Activity Report - Employee |
| |
| Form Expires On June 22, 2021 |
| Review and sign |
| THIS LINK EXPIRES IN FIFTEEN (15) CALENDAR DAYS. If the link expires, please visit secure.ssa.gov/ssa821-online-form to get a new link. |
| You have a document to review and sign. You can access the document using the link above. |
| The form must be electronically completed, signed, and submitted in a single session. The system will end your session after 60 minutes of inactivity and no information will be saved. |
| The "Review and sign" link is personalized for you and, for security purposes, we strongly recommend that you DO NOT share this email or link with others. If you DO share this email or link with others, you accept the risk that others may misuse your personal information. you have any questions about this email or feel that you received this in error, please contact Social Security at 1-800-772-1213 (TTY 1 800-325-0778) between 8 a.m. – 7 p.m., Monday through Friday. |
| Suspect Social Security Fraud? If you suspect Social Security fraud, please visit oig.ssa.gov or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-800 501-2101). |
| SOCIAL SECURITY ADMINISTRATION Help us improve. |
| Adobe Sign |
| By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures. |
| To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list. |
| © 2020 Adobe. All rights reserved. |
| Construction and an and a second s |
| |
| |

SSA821 Cover Sheet:

| لح | Adobe Sign | ? * |
|------|--|-----|
| ≡ | Work Activity Report - Employee (| в |
| | Form SSA-821-BK (02-2021) UF Page 1 of -11 Discontinue Prior Editions OMB No. 0960-0059 | |
| | Social Security Administration Retirement, Survivors, and Disability Insurance Important Information | |
| | We believe you may have recent work activity and we need to know more about it. If you are applying for disability benefits, the information you provide will help us decide if you can receive benefits. If you are currently receiving disability benefits, the information you provide helps us decide if you can continue to receive benefits. | |
| | What You Need To Do | |
| | Please complete, electronically sign, and submit the form within 15 calendar days . It is important to fill out the form carefully and completely. If you do not submit this form, we will make our determination based on the evidence we have in our records. | |
| | Some Information To Help You Complete This Form | |
| | Our records may show self-employment income we have for you. To see your yearly earnings in our records, please sign in to your my Social Security account or create one here. Our records may not show your work for this year or last year. You may have additional information in your tax returns or business records. You should add any additional work information as you complete the form. | |
| | For More Information | |
| | Please read the pamphlet: Working While Disabled: How We Can Help. It will tell you more about why we need to know about your work and will explain our rules about working. This pamphlet is available at https://www.ssa.gov/pubs/EN-05-10095.pdf . | |
| | Suspect Social Security Fraud? | |
| | If you suspect Social Security fraud, please visit <i>https://oig.ssa.gov</i> or call the Inspector General's Fraud hotline at 1-800-269-0271 (TTY 1-866-501-2101). | |
| | If You Have Questions | |
| | If you have any questions, or need help completing the form: | |
| | Visit our website at <u>www.ssa.gov</u> to find general information about Social Security. Call us toll-free at 1-800-772-1213 or find your local office using our <u>Social Security Office Locator</u>. If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778. If you are outside the United States or its territories: | |
| 5 | If you are in Canada, visit <u>https://www.ssa.gov/foreign/canada.htm</u> to find the office that services your area. Contact the nearest Federal Benefits Unit (FBU). Visit <u>https://www.ssa.gov/foreign/foreign.htm</u> | |
| lart | for a list of FBUs. • Write to the Social Security Administration at: P.O. Box 17769 Baltimore, Maryland 21235-7769 USA | |
| | Please have this form with you if you contact us. If you write, please include a copy of this form. It will help us answer your questions. | |
| | | |
| | ↑↓ 1 /11 ⊖ ⊕ ± | × |
| | | |

| W | /ork Activity Report - Employ | ee (| | | | | | |
|---|--|--|--|---|--|--|--|--|
| Form \$\$A-821-BK (02-2021) UF Discontinue Prior Editions Social Security Administration OMB No. 0860.0050 | | | | | | | | |
| Work Activity Report - Employee | | | | | | | | |
| Name of Claimant or Benefic | ary * | SSN# | | Blind | | | | |
| Please use this form to des late of entitlement, or last o | cribe your work activity since (Inse determination date, as appropriate) | ert alleged onset | date, Date * | | | | | |
| Information Please answer each of the o f you should get or keep ge | - To Be Completed By Perso juestions on this form with as man riting disability benefits. | n Applying For y details as you | or Or Receivir can. This inform | ng Benefits nation will help us decide | | | | |
| you need more room for y Have you had any employn NO. If you did not wor YES. Go to Question | rour answers, go to the Remarks si nent income or wages since the DAT rk but income was reported for you 3. | ection at the end E shown above in I, go to Question | of the form. the Identification 2. | section? (check one) | | | | |
| ask you for proof of this inc | pes or income may have been report orne. When you are finished, go to Q | uestion 7. | e complete the in | Date Worked | | | | |
| Example | ABC Company 123 Any Street Your Town, MD 54321 | Sayer Amount \$100.00 per day, week, month, or year | | (MM/YYYY-MM/YYYY) 01/2000 - 02/2000 | | | | |
| Back Pay | | \$ USD | per | | | | | |
| Vacation Pay | | \$ USD | per | | | | | |
| Holiday Pay | | \$ USD | per | | | | | |
| Bonus or Commission | | \$ USD | per | | | | | |
| Royalties | | \$ USD | per | | | | | |
| Sick Pay | | \$ USD | per | | | | | |
| Disability Pay | | \$ USD | per | | | | | |
| Insurance Payment | | \$ USD | per | - | | | | |
| Workers Comp | | \$ USD | per | | | | | |
| Other (Please explain) | | \$ USD | per | - | | | | |
| | | | | | | | | |

Red asterisks notate a required field. Note that some required fields are conditional, based upon how the prior question was answered. Please see page 20 for an example.

| Work Activity Report - Employee (| | | | | | | | |
|--|----------------------|----------------------------------|--|------------------------------|-------------------------------|---|---------------------------|----------------------------------|
| Form SSA-821-BK (02-2021) UF Page 3 of 11 | | | | | | | | |
| | | | | | 5 | SSN#: * | | |
| 3A. Please tell us employer if | our work since | n the Identif | ication sect | tion, beginning | with your r | nost recent | | |
| section if you need more room for your answer. Current or Most Recent Employer's Name | | | | 1 | , | 10 | Supportende | Telephone No. |
| Current or Most | Recent | Employer's Na | ame | Supervisor | s Name | 0 | include area | a code) |
| Mailing Address | | | | | City | 1 | State | ZIP Code |
| * | | | | | * | | * | * |
| Job Title and Typ | e of Wo | rk | | | | | | |
| Date Work Starte | d | Date Work En | ded (if ended) | Dell condition | Rate of P | av | Hou | rs Worked per |
| (MM/DD/YYYY) | | (MM/DD/YYY) | n) | sall working | \$*USI | D per* | Wee | k (on average) |
| * I DO NO print-ou Date Earned | OT have t, use th | Pay Stubs or e chart below to | Gross Wage Print (tell us how much yo Date Earned | Duts. For an | y months that efore deduct | at you DO NOT h tions) in each mo Date Earned | ave pay stu onth. d | ibs or a |
| MM/YYYY | | Amount | MM/YYYY | Ar | nount | MM/YYYY | | Amount |
| - | \$ US | 5D | | \$ USD | | | \$ USL | , |
| - | S US | SD | | \$ USD | | - | \$ USE |) |
| | \$ US | SD | | \$ USD | | | \$ USD |) |
| | \$ US | SD | | \$ USD | | | \$ USI |) |
| 3B. If you do not Previour Emplo | have an | y more employe | rs, go to Question | 4. Supervisor | r Name | 19 | Supervisor's | Telephone No. |
| Frevious Emplo | A61 2 H | ame | | Supervisor | s rearrie | 6 | include area | a code) |
| Mailing Address | | | | | Citv | | State | ZIP Code |
| | | | | | · | | | ^ |
| Job Title and Typ | e of Wo | rk | | | | | | |
| Date Work Starte (MM/DD/YYYY) | ed | Date Work En (MM/DD/YYY) | ded (if ended) 👘 g Y) | Still working | Rate of P | °ay D per** | Hou Wee | rs Worked per ek (on average) |
| Attach copies of a | all your p | ay stubs from t | his employer or ask | the employe | for a wage | print-out showing | g gross mor | nthly earnings |
| I have 8 | Shown II | ED Pay Stubs | on section. or Gross Wage Pri | nt Outs. | | | | |
| * I DO NO print-ou | OT have t, use th | Pay Stubs or the chart below to | Gross Wage Print (tell us how much yo | Outs. For an ou earned (b | months that | at you DO NOT h tions) in each mo | ave pay stu onth. | ibs or a |
| Date Earned MM/YYYY | | Amount | Date Earned MMYYYYY | Ar | nount | Date Earned MM/YYYY | d l | Amount |
| | \$ US | SD . | | \$ USD | | | \$ USE | |
| | S US | SD | | \$ USD | | | \$ USC |) |
| | \$ US | SD. | | \$ USD | | | \$ USE |) |
| | 1 | | | e 1100 | | | \$ USD |) |
| | \$ US | SD | | a usu | | | | A 94 |

| | Work Activ | vity Report - Emp | oloyee (| | | | |
|--|--|---|---|---|--|---|---|
| Form SSA-821-B | K (02-2021) UF | | | | _ | | Page 4 of |
| | | | | SSN# | e _ | | |
| 3C. If you do not i | have any more employe | ers, go to Question | I. | | 19 | unanvisaria | Telephone N |
| Previous Emplo | yer's Name | | aupenvisor's N | ame | 0 | nclude area | a code) |
| Mailing Address | | | City | 1 | | State | ZIP Code |
| * | | | * | | | * | * |
| Job Title and Typ | e of Work | | | | | | |
| Date Work Starte (MM/DD/YYYY) | d Date Work En | ded (if ended) 🗌 ද ෆ | täll working | Rate of Pay \$**USD | per* | Hour | rs Worked pe ek (on averao |
| Date Earned MM/YYYY | Amount | Date Earned MWYYYY | Amou | nt C | ate Earned | | Amount |
| | \$ USD | | \$ USD | | | \$ USD | 0 |
| | \$ USD | | \$ USD | | | \$ USD | 0 |
| | | | | | | | |
| | \$ USD | | \$ USD | | | \$ USD | 5 |
| 1 De es éduc | \$ USD \$ USD If you have | more employers, go | USD USD to Additional En | mployment Infr | ormation. | \$ USD \$ USD |) |
| 4 Do or did you g NO. Go to YES. Pleas | USD SUSD If you have If you have get any other payment(s Question 5. se check all that apply Disab | more employers, go) or benefit(s) from a below. litty Pay | USD USD to Additional En n employer in a /acation Pay | mployment Info iddition to the | ormation. Fregular pa | \$ USD |)) n Question 3? onus |
| 4. Do or did you g NO. Go to YES. Pleas Sick Par Transpo | USD If you have If you have pet any other payment(s Question 5. se check all that apply y Disab urtation (Please explain): | more employers, go) or benefit(s) from a below. ility Pay | USD USD to Additional En n employer in a /acation Pay childcare | mployment Info iddition to the Tips Meat | ormation. Fregular pa | \$ USD \$ USD y shown in Bo Ref |) n Question 3? onus com or Rent |
| Do or did you g NO. Go to YES. Pleas Sick Pa Transpo Other | S USD If you have If you have et any other payment(s Question 5. se check all that apply y Disab wrtation Car or (Please explain): nent | more employers, go) or benefit(s) from a below. lilty Pay V r Vehicle C | USD USD to Additional En n employer in a //acation Pay xhildcare | mployment Infr iddition to the Tips Meals unt or Estimate | ermation. regular pa s | \$ USD \$ USD y shown in Bo Re (MM/YY) | onus Preceived Pry-MM/YYYY |
| Do or did you g NO. Go to YES. Pleas Sick Pa Transpo Other Type of Payn Example: Sick | \$ USD \$ USD If you have et any other payment(s Question 5. se check all that apply y Disab ortation Car or (Please explain): | more employers, go) or benefit(s) from a below. litty Pay \(\) v Vehicle \(\) mployer Name ABC Company | \$ USD \$ USD to Additional En n employer in a /acation Pay childcare | mployment Info iddition to the Tips Meat unt or Estimate 00.00 per day, month, or ye | smation. regular pa s a of Value , week, ar | \$ USD \$ USD y shown in Bc Rc (MMYYY) 01/200 | D D D D D D D D D D D D D D D D D D D |
| Do or did you g NO. Go to YES. Pleas Sick Pay Transpo Other Type of Payn Example: Sick | USD If you have If you have | more employers, go) or benefit(s) from a below. litty Pay () v Vehicle () Employer Name ABC Company | USD USD to Additional En n employer in a /acation Pay /hildcare Amo \$1 | mployment Info Iddition to the Tips Meals unt or Estimate 00.00 per day, month, or ye | s s of Value week, ar | \$ USD \$ USD y shown in Be Re (MMYYY) 01/200 | onus oom or Rent Received YY-MM/YYY) 00 - 02/2000 |
| Do or did you g NO. Go to YES. Pleas Sick Pay Transpo Other Type of Payn Example: Sick | USD If you have If you have | more employers, go) or benefit(s) from a below. litty Pay () v Vehicle () Employer Name ABC Company | S USD S USD to Additional En n employer in a lacation Pay childcare Amou St S S U S U S U S U S U S U S U S U S | nployment Infr Iddition to the Tips Meals unt or Estimate 00.00 per day, month, or ye SD per | smation. regular pa s of Value , week, sar r | \$ USD \$ USD y shown in Bo Re (MMYYY) 01/200 | a Question 3? onus oom or Rent Received YY-MM/YYYY 00 - 02/2000 - |

| _ | Work Activi | ty Report - Employe | ee (| |
|--------|---|-------------------------|---------------------------------|------------------------|
| Form : | SSA-821-BK (02-2021) UF | | SSN# | Page 5 of |
| 5. For | any job(s) that you told us about in (| Question 3, have you wo | rked under any special oo | nditions listed below? |
| Yes | Special Condition | Employer Name | Date (MM/YYYY to MM/YYYY) | Please Describe |
| ٥ | Had extra help, extra supervision or a job coach | | | |
| | Worked irregular or fewer hours than other workers | | - | |
| Ø | Given special equipment because of my condition | | 3.73 | |
| O, | Took more rest periods than other workers | | - | |
| 0 | Given special transportation to and from work | | | |
| 0 | Had fewer or easier duties than other workers | | - | |
| 0 | Allowed to produce less work than other workers | | < | |
| | Hired through special training or therapy program | | | |
| D | Given work that was suited to my condition | | ~ | |
| 0 | Given special help getting ready for work | | | |
| | Other (explain) | | | |
| 0 | Other (explain) | | | |
| D | None of the above apply. Go to Q | uestion 6A. | | |

| | Wo | rk Activity Report - | Employee (| |
|-------|---|--|---------------------------|--|
| Form | n SSA-821-BK (02-2021) U | F | | Page 6 of 1 |
| _ | | | | SSN#: |
| 6A. | For any job that you told us Identification section (Che | about in Question 3, did ock all that apply). | you make any of the cl | hanges below since the DATE shown in the |
| Yes | Special Condition | Employer Name | Date (MM/DD/YYYY) | Reasons for Changes in Work Activity |
| p | Stopped working | | | My physical and/or mental condition(s) Special conditions that allowed me to work were removed Other reasons (please explain in 6B) |
| 9 | Reduced my work hours | | | My physical and/or mental condition(s) Special conditions that allowed me to work were removed Other reasons (please explain in 6B) |
| 2 | Reduced my earnings | | | My physical and/or mental condition(s) Special conditions that allowed me to work were removed Other response (shape a pulsis in 88) |
| g | Changed to a lighter or easier type of work | | | My physical and/or mental condition(s) Special conditions that allowed me to work were removed |
| Е | No, I did not make any ch | anges since the date sh | own in the Identification | section. Go to Question 7. |
| 68. (| Use this space to provide a | ny additional information | about your work chang | |

| Work Activity Report - I | mployee (| |
|---|--|--|
| Form SSA-821-BK (02-2021) UF | | Page 7 of |
| 7. Do or did you spend any of your own money for items of you needed in order to work and for which you did not go procedures, Braille equipment, special telephone or for work, or other special transportation.) We may ask you have a special transport of the process of the special transport of transport of the special transport of tran | SSN#: services related to your physical and/or yet reimbursed? (For example, medicines or equipment, service animal, attendant care, or ou for proof of payment. | r mental condition(s) that r co-pays, medical devices modifications to a car use |
| YES. Please tell us what you paid below. Do not sh company, other organization, or other person. | ow any expenses that have been or will be | paid by an insurance |
| Describe Item or Service | Cost | Date Paid (MM/YYYY-MM/YYY) |
| Example: Service animal | \$100.00 per day, week, month, or year | 01/2000 - 02/2000 |
| | \$ USD per | 240 |
| | \$ USD per | |
| | \$ USD per | 127 |
| | \$ USD per | 122 |
| | | |
| Ise this section to add any information you did not have uestion you are answering. | Remarks | show the number of the |
| Use this section to add any information you did not have a question you are answering. | Remarks pace for in other parts of the form. Please s | show the number of the |

| Form SSA-821-BK (02-2021) UF | | Page 8 of 11 |
|---|--|---|
| | | SSN#: * |
| | Additional Attachments | |
| You may attach documentation such form. You should also provide proo condition(s) shown in section 7, and report. If we need additional docume | h as pay stubs or wage print outs from the emp f of any payments for items or services related l/or any other employment-related documents entation, we will contact you. | oloyers you listed in section 3 on this to your physical and/or mental you feel are pertinent to this work activity |
| Click to Attach File 1 | Click to Attach File 2 | Click to Attach File 3 |
| Click to Attach File 4 | Click to Attach File 5 | Click to Attach File 6 |
| Click to Attach File 7 | Click to Attach File 8 | Click to Attach File 9 |

Signature

I authorize any employer, agency, or other organization to disclose to the Social Security Administration or the State agency that may determine or review my entitlement to disability benefits, any information about my physical and/or mental condition or my work.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

| Signature of Claimant, Beneficiary or Representative Click here to sign | *Self 👻 | Date * | Area (| Code and hone Number |
|--|------------|-----------|--------|-------------------------|
| Mailing Address (Number and Street, Apt. no., P.O. Box, or Rural Ro | oute) Citv | | State | ZIP Code |

If this statement is signed with a mark (e.g., X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses and telephone numbers.

| 1. Signature of Witness | | Date | Area (Telepi | Code and hone Number |
|---|------|------|------------------|-------------------------|
| Mailing Address (Number and Street, Apt. no., P.O. Box, or Rural Route) | City | 9 | State | ZIP Code |
| 2. Signature of Witness | | Date | Area (Telepi | Code and hone Number |
| Mailing Address (Number and Street, Apt. no., P.O. Box, or Rural Route) | City | | State | ZIP Code |

| Form \$\$\$4\$21-BK (02-2021) UF Piracy Act Statement Collection and Use of Personal Information Sections 223(d) and 1633 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed or could result in an overpayment of benefits. We will use the information you provide to make a determination of eligibility for benefits. We may also share cour information for the following purposes, called routine uses: o mappayers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and to contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient administration of its programs. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. In Junt dadition, we may share this information in comp System, as published in the Federal Results of the Ford June 4, 2020, at SF FR 34477; and 60-0330, entitled Electronic Disability Claim File, as published in the FR on June 4, 3020, Att SF B, 34477; and 60-0330, entitled Electronic Disability Claim File, as published in the FR or June 4, 2020, at SF FR 34477; and 60-0330, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at SF FR 34477; and 60-0330, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at SF FR 34477; and 60-0330, entitled Electronic Disability Claim File, as published in the FR June 4, 2020, at SF FR 34477; and 60-0330, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at SF FR 34477 | | Work Activity Report - Employee (|
|---|---|---|
| Privacy Act Statement Collection and Use of Personal Information Sections 223(d) and 1633 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed or could result in an overpayment of benefits. We will use the information you provide to make a determination of eligibility for benefits. We may also shar your information for the following purposes, called routine uses: to employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and to contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient administration of its programs. 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 to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or deltoutent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System of Records Notices (SORN) 60-0030, entitled Electronic Disability Claim File, as published in the FR on January 11, 2006, at 71 FR 1819; 60-0320, entitled Electronic Disability Claim File, as published in the FR on January 11, 2005, at 35 FR 34477; and 60-0330, entitled Electronic Disability Claim File, as published in the FR on Set SFR 34477; and 60-0330, entitled Electronic Disability Claim File, as published in the FR on Set SFR 34477; and 60-0330, | 1 | Form SSA-821-BK (02-2021) UF Page 9 of 11 |
| Sections 223(d) and 1633 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed or could result in an overpayment of benefits. We will use the information you provide to make a determination of eligibility for benefits. We may also shar your information for the following purposes, called routine uses: To employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and To contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient administration of its programs. 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 to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819; 60-0320, entitled Electronic Disability Claim File, as published in the FR on September 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy. 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 displa | | Privacy Act Statement Collection and Use of Personal Information |
| We will use the information you provide to make a determination of eligibility for benefits. We may also shar your information for the following purposes, called routine uses: To employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and To contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient administration of its programs. 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 to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) or January 11, 2006, at 71 FR 1819; 60-0320, entitled Electronic Disability Claim File, as published in the FX on Suptember 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy. | | Sections 223(d) and 1633 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed or could result in an overpayment of benefits. |
| To employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and To contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient administration of its programs. 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 to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) or January 11, 2006, at 71 FR 1819; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0330, entitled eWork, as published in the FR on September 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy. | | We will use the information you provide to make a determination of eligibility for benefits. We may also shar your information for the following purposes, called routine uses: |
| To contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient administration of its programs. 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 to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) or January 11, 2006, at 71 FR 1819; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0330, entitled eWork, as published in the FR on September 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy. | | To employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and |
| 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 to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) or January 11, 2006, at 71 FR 1819; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0330, entitled eWork, as published in the FR on September 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy. | | To contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration in the efficient administration of its programs. |
| A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) or January 11, 2006, at 71 FR 1819; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0330, entitled eWork, as published in the FR on September 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy. | | 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 to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. |
| 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 (OMB) control number. The OMB control number for this collection is 0960-0059 We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. Send <u>only</u> comments relating to our time estimate above to : SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. | | A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0330, entitled eWork, as published in the FR on September 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy. |
| 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 (OMB) control number. The OMB control number for this collection is 0960-0059 We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. <i>Send <u>only</u> comments relating to our time estimate above to</i> : SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. | | 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 (OMB) control number. The OMB control number for this collection is 0960-0059. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. <i>Send <u>only</u> comments relating to our time estimate above to</i> : SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. |
| | | |

| | Work Ac | tivity Report - En | nployee (| 10) | | | |
|---|---|---|--|--|---|--|--|
| Form SSA-821-E | BK (02-2021) UF | | | | | | Page 10 of |
| | | ADDITIONAL EM | PLOYMENTI | NFORMATI | SSN#: * | | |
| | | (Continu | ation from Pa | age 5) | | Suppopriesde | Tolophoon N |
| Employer's Nar | me | | Supervisor | 's Name | | (include area | code) |
| Mailing Address | | | 1 | Citv * | | State | ZIP Code |
| Job Title and Ty | pe of Work | | | | | | |
| Date Work Start (MM/DD/YYYY) | ed Date Work (MM/DD/Y) | Ended (if ended) | Still working | Rate of F | D per* | Hour Wee | rs Worked per k (on average |
| MMYYYY | Amount | MINYYYY | | | | | |
| print-ou | ut, use the chart below | to tell us how much Date Earned | you earned (b | efore deduc | tions) in each m Date Earne | ed | Amount |
| MMYYYYY | Ambunit | MMVYYYY | | | the second se | | |
| MWYYYY | \$ USD | MMYYYY | \$ USD | | | \$ USD | 1 |
| MMYYYY | \$ USD \$ USD | MANYYYY | \$ USD \$ USD | | | \$ USD \$ USD |) |
| MMYYYY | \$ USD \$ USD \$ USD | MNUYYYY | \$ USD \$ USD \$ USD | | | \$ USD \$ USD \$ USD |) |
| MMYYYY | \$ USD \$ USD \$ USD \$ USD \$ USD | | \$ USD \$ USD \$ USD \$ USD | | | \$ USD \$ USD \$ USD \$ USD \$ USD |))) |
| Employer's Nar | \$ USD \$ USD \$ USD \$ USD \$ USD me | | \$ USD \$ USD \$ USD \$ USD \$ USD | 's Name | | \$ USD \$ USD \$ USD \$ USD \$ USD Supervisor's (include area | Telephone N |
| Employer's Nar Mailing Address | \$ USD \$ USD \$ USD \$ USD \$ USD me | | \$ USD \$ USD \$ USD \$ USD \$ USD Supervisor | 's Name Citv ★ | | \$ USD \$ USD | Telephone N code) ZIP Code |
| Employer's Nar Mailing Address Job Title and Ty Date Work Starb (MM/DD/YYY) Attach copies of singe the DATE | s USD s USD s USD s USD s USD s USD me pe of Work ed Date Work (MM/DD/Y) all your pay stubs fror shown in the identific ENCLOSED Pay Stul | Ended (if ended) (YY) n this employer or as ation section. bs or Gross Wage P | \$ USD \$ USD \$ USD \$ USD Supervisor Still working the employe rint Outs. | 's Name City ★ Rate of F \$ [★] US r for a wage | Pay D per* | \$ USD \$ USD | Telephone N code) ZIP Code * s Worked pe k (on average thly earnings |
| Employer's Nar Mailing Address Job Title and Ty Date Work Start (MM/DD/YYYY) Attach copies of singe the DATE I have i 1 DO N print-ou | source the chart below | Ended (if ended) (YY) In this employer or as alion section. bs or Gross Wage P or Gross Wage Print to tell us how much | \$ USD \$ USD \$ USD \$ USD \$ USD Supervisor Still working k the employe rint Outs. Outs. For an you earned (b | 's Name Citv ★ Rate of F \$*US r for a wage y months the efore deduc | Pay D per* print-out showin at you DO NOT tions) in each m | \$ USD \$ USD | Telephone N code) ZIP Code * s Worked pe k (on average thily earnings bs or a |
| Employer's Nar Mailing Address Mailing Address Dob Title and Ty Date Work Starb (MM/DD/YYYY) Attach copies of singe the DATE I have i I Do N print-ou Date Earned MM/YYYY | s USD S USD S USD S USD S USD S USD me pe of Work ed Date | Ended (if ended) (YY) In this employer or as ation section. bs or Gross Wage Print to tell us how much Date Earned MMYYYYY | \$ USD \$ USD \$ USD \$ USD Supervisor Still working k the employe rint Outs. Outs. For an you earned (b Ar | 's Name City ★ Rate of F \$*US r for a wage y months the refore deduct mount | Pay print-out showing at you DO NOT tions) in each m Date Earne MM/YYYY | \$ USD \$ USD | Telephone N code) ZIP Code * Sworked pe k (on average othly earnings bs or a Amount |
| Employer's Nar MM/YYYY Employer's Nar Mailing Address Date Work Start (MM/DD/YYYY) Attach copies of since the DATE I have 1 C I have 1 C I DO N print-ou Date Earned MM/YYYY | s USD s USD s USD s USD s USD s USD me pe of Work ed Date Work ed Date Work all your pay stubs fror shown in the identific ENCLOSED Pay Stub OT have Pay Stubs of Amount s USD | Ended (if ended) (YY) In this employer or as ation section. bs or Gross Wage Print or Gross Wage Print or to tell us how much Date Earned MMYYYYY | Still working st | 's Name City ★ Rate of F \$*US r for a wage y months the refore deduct mount | Pay D per* print-out showin at you DO NOT tions) in each m Date Earne MM/YYYY | \$ USD \$ USD | Telephone N code) ZIP Code * SWorked pe k (on average othly earnings bs or a Amount USD |
| Date Earned MM/YYYY Employer's Nar Mailing Address Mailing Address Dob Title and Ty Date Work Starb (MM/DD/YYYY) Attach copies of singe the DATE I have i I Do N print-ou Date Earned MM/YYYY | s USD s USD s USD s USD s USD s USD me pe of Work ed Date Work ed S USD shown in the identific ENCLOSED Pay Stubs for shown in the identific ENCLOSED Pay Stubs ed Amount s USD s USD s USD | Ended (if ended) (YY) In this employer or as ation section. bs or Gross Wage Print y to tell us how much Date Earned MM/YYYY | \$ USD \$ USD | 's Name City ★ Rate of F \$*US r for a wage y months th refore deduc mount | Pay D per [®] print-out showin at you DO NOT tions) in each m Date Earne MM/YYYY | \$ USD \$ USD \$ USD \$ USD \$ USD \$ USD Supervisor's (include area \$ State * Hour Wee * ng gross mon have pay stur onth. ed { \$ USD \$ US | Telephone N code) |
| Employer's Nar MM/YYYY Employer's Nar Mailing Address Mailing Address Date Work Start (MM/DD/YYYY) Attach copies of Singe the DATE I have i I DO N print-ou Date Earned MM/YYYY | s USD s USD s USD s USD s USD s USD me pe of Work ed Date Work dMM/DD/YY all your pay stubs fror shown in the identific ENCLOSED Pay Stub OT have Pay Stubs of it, use the chart below Amount \$ USD \$ USD \$ USD \$ USD | Ended (if ended) (YY) n this employer or as ation section. bs or Gross Wage Print or Gross Wage Print to tell us how much Date Earned MMYYYYY | Still working St | 's Name City ★ Rate of F \$*US r for a wage y months the refore deduct mount | Pay D per* print-out showin at you DO NOT tions) in each m Date Earne MM/YYYY | \$ USD \$ USD \$ USD \$ USD \$ USD \$ USD Supervisor's (include area State * Hour Wee mg gross mon have pay stu have pay stu sonth. ed \$ \$ USD \$ USD \$ USD \$ USD \$ USD \$ USD | Telephone N code) ZIP Code * SWorked pe k (on average othly earnings bs or a Amount USD |

| Form SSA-821-BK (Employer's Name Mailing Address Job Title and Type of | 02-2021) UF | ADDITIONAL EMPI (Continual | LOYMENT I | 1 | SSN#: * | | | Page 11 of |
|--|---|---|--|--------------------|--------------------------------------|-------------------------|-------------|------------------------------|
| Employer's Name Mailing Address Job Title and Type of | | ADDITIONAL EMPI (Continual | LOYMENT I |) | SSN#: * | | | Fage 11 of |
| Employer's Name Mailing Address | 12 | ADDITIONAL EMP (Continual | LOYMENT I | | | | | |
| Employer's Name Mailing Address Job Title and Type of | | | second and the second of the | NFORMATI age 5) | ION | | | |
| Mailing Address | | | Supervisor | 's Name | 1 | Superviso (include a | r's rea | Telephone N code) |
| Job Title and Type o | | | 1 | City | | Sta | ate | ZIP Code |
| Date Work Started | f Mark | | | | | | _ | |
| (MM/DD/YYYY) | Date Work En (MM/DD/YYY) | ded (if ended) | Still working | Rate of F \$*US | Pay ⊡ per [★] | H W | our /eel | s Worked pe k (on average |
| MMYYYYY 1 | Amount USD | MMYYYY | Ar \$ USD | nount | MMYYYYY | ۹ ۱۹ (۱۹ | SD | Amount |
| Date Earned | Amount | Date Earned | Ar | mount | Date Earne | d | 1 | Amount |
| 1 | USD | | \$ USD | | | \$ US | SD | |
| 1 | USD | | \$ USD | | | \$ U: | SD | |
| - | USD | - | \$ USD | | | \$ U: | SD | |
| Employer's Name | USD | | Supervisor | 's Name | 1 | Superviso | SD r's | Telephone N |
| | | | | | 1 | (include a | rea | code) |
| Mailing Address | | | | Citv | | Sta | ate | ZIP Code |
| Job Title and Type of | of Work | | 2 | | | | | |
| Date Work Started (MM/DD/YYYY) | Date Work En | ded (if ended) | Still working | Rate of F | Pay | H | our /eel | rs Worked pe k (on averag |
| Attach copies of all y | our pay stubs from t | his employer or ask | the employe | r for a wage | print-out showing | ng gross m | non | thly earnings |
| I have ENO | own in the Identification CLOSED Pay Stubs have Pay Stubs or se the chart below to | on section. or Gross Wage Pri Gross Wage Print C tell us how much yo | nt Outs. Duts. For an ou earned (b | y months the | at you DO NOT ! clions) in each m | have pay | stul | bs or a |
| Date Earned MM/YYYY | Amount | Date Earned MMYYYY | Ar | mount | Date Earne MM/YYYYY | d | , | Amount |
| 1 | USD | | \$ USD | | | \$ U: | SD | |
| 5 | USD | | \$ USD | | | \$ U | SD | |
| 1 | USD | | \$ USD | | | \$ U | SD | |
| 1 | USD | | \$ USD | | | \$ US | SD | |
| | | | | | | | | |

Adding Attachments:

| (MM/DD/YYYY |) (MM/DD/YYY | Y) | \$*US | D per * | Week (on average) |
|--|--|--|---|--|---------------------------------------|
| Attach copies of since the DAT I have I have I DO print- | f all your pay stubs from t E shown in the Identificat ENCLOSED Pay Stubs NOT have Pay Stubs or but, use the chart below to | this employer or ask th ion section. or Gross Wage Print Gross Wage Print Οι o tell us how much you | e employer for a wag t Outs. Click to Att uts. For any months to earned (before dedu | e print-out showing ach Employer 1 nat you DO NOT ha ctions) in each mor | gross monthly earnings |
| Date Earned MM/YYYY | Amount | Date Earned MM/YYYY | Amount | Date Earned MM/YYYY | Amount |
| 6 | \$ USD | | \$ USD | | \$ USD |
| | | | | | |
| (MM/DD/YYYY) | MM/DD/YYYY | nea (menoea) ⊔ Still) | working state or r | ay D per * | Week (on average) |
| MM/DD/YYYY) | all your pay stubs from the | is employer or ask the n section. | working state or r \$*US employer for a wage | ay D per <mark>*</mark> print-out showing g | Week (on average) |
| (MM/DD/YYYY) * Attach copies of since the DATE I have | all your pay stubs from the shown in the Identificatio | is employer or ask the n section. or Gross Wage Print (| working state or r \$*US employer for a wage Outs. FILE: Test F | ay D per * print-out showing g ile.docx × | Nours worked per Week (on average) |
| MM/DD/YYYY) ★ Attach copies of since the DATE ● I have ↓ 1DO N print-ou | all your pay stubs from the shown in the Identificatio ENCLOSED Pay Stubs or G oT have Pay Stubs or G it, use the chart below to | is employer or ask the in section. or Gross Wage Print Out fell us how much you e | working Rate of P \$*US employer for a wage Outs. FILE: Test F s. For any months that earned (before deduct | ay print-out showing g ile.docx × t you DO NOT have ions) in each month | rours worked per Week (on average) |
| Attach copies of since the DATE I have Date Earned MMYYYY | all your pay stubs from the shown in the Identificatio ENCLOSED Pay Stubs or G oT have Pay Stubs or G it, use the chart below to Amount | is employer or ask the in section. or Gross Wage Print Out fell us how much you e Date Earned MMYYYYY | working Fate or F \$*US employer for a wage Outs. FILE: Test F s. For any months tha earned (before deduct Amount | print-out showing g ile.docx × t you DO NOT have ions) in each month Date Earned MM/YYYYY | ross monthly earnings |

Users have the ability to add attachments to the document as they see fit. Once the file is uploaded the user will see the file name appear in the box where the attachment field was.

Example of Conditional Requirements:

| | | | | 5 | SSN#: * | | | |
|--|---|---|--|----------------------------|---|---------------------|--------------------|--------------------------------|
| 3A. Please tell us employer. If you | about your work since you are not sure about to | the DATE shown in this, ask your employ | n the Identifi ver(s) to help | cation sect you. Use th | tion, beginnin he additional sp | g with y ace pro | your m | ost recent in the Remark |
| Current or Most | Recent Employer's N | ame | Supervisor | s Name | | Supen | visor's | Telephone No |
| Test | | | Test | | | (includ | le area | code) |
| Mailing Address | | | - | City | | - | State | ZIP Code |
| 123 Test | | | | Test | | | | 12345 |
| Job Title and Type Test | e of Work | | | | | | | |
| Date Work Starter (MM/DD/YYYY) 01/01/2021 | d Date Work En (MWDD/YYY) 05/01/2021 | ded (if ended) 🗌 g r') | Still working | Rate of P \$\$15 | °ay 5.00 per | | Hour Weel | s Worked per k (on average) |
| ince the DATE s I have E I DO NO print-out | hown in the Identificati NCLOSED Pay Stubs IT have Pay Stubs or 0 , use the chart below to | on section. or Gross Wage Pri Gross Wage Print O tell us how much yo | nt Outs. Fl Outs. For any | LE: Test F months the | ile.docx at you DO NOT tions) in each n | × have p | ay stul | os or a |
| Date Earned MM/YYYY | Amount | Date Earned MWYYYY | Ал | ount | Date Earn MM/YYY | ed Y | - 1 | Amount |
| | \$ USD | | \$ USD | | | \$ | USD | |
| | \$ USD | | \$ USD | | | \$ | USD | |
| | S USD | | \$ USD | | | \$ | USD | |
| | \$ USD | | \$ USD | | | \$ | USD | 6 |
| 3B. If you do not h | nave any more employe | ers, go to Question | 4. | | | | | |
| Previous Employ | ver's Name | | Supervisor | s Name | | Super (includ | visor's le area | Telephone No code) |
| Mailing Address | | | | City | 2 | | State | ZIP Code |
| Job Title and Type | e of Work | | 10 | | | | | |
| Date Work Starter (MM/DD/YYYY) | d Date Work En (MWDD/YYY) | ded (if ended) 🗌 g r) | Still working | S*US | bay D per | k | Hour Weel | s Worked per k (on average) |
| Ittach copies of a singe the DATE s I have E 1 DO NO print-out | II your pay stubs from t hown in the Identificati NCLOSED Pay Stubs IT have Pay Stubs or , use the chart below to | his employer or ask t on section. or Gross Wage Prit Gross Wage Print C tell us how much yo | the employer nt Outs. Outs. For any ou earned (be | for a wage months that | print-out show at you DO NOT tions) in each n | ing gros have p | ay stul | thly earnings |
| Date Earned MM/YYYY | Amount | Date Earned MMYYYY | An | iount | Date Earn MM/YYY | ed Y | | Amount |
| | \$ USD | | \$ USD | | | \$ | USD | ÷ |
| | \$ USD | | \$ USD | | | \$ | USD | |
| | \$ USD | | \$ USD | | | \$ | USD | ē. |
| | | | | | | | | |

| | | | | 55 | N#: * | | | |
|---|---|--|--|--------------------------|--|-----------|---------------|----------------------------|
| A Disease tell un | about sources to | ines the DATE shows in | ile a bit and the | aution anotic | n ha sienta s | | | |
| employer. If section if you | you are not sure a need more room f | bout this, ask your employ or your answer. | ver(s) to help | you. Use the | additional spa | ice prov | vided i | n the Remark |
| Current or Most | Recent Employe | r's Name | Supervisor | s Name | | Supervi | sor's | elephone No |
| Test | | | Test | | | manue | area | coue) |
| Mailing Address | | | | City | | | State | ZIP Code |
| 123 Test | | | | Test | | | 1000 | 12345 |
| lob Title and Typ | e of Work | | 0 | | | | | |
| Test | | | | | | | | |
| Date Work Starte MM/DD/YYYY) 01/01/2021 | d Date Wo (MM/DD) 0501/202 | rk Ended (if ended) 🗌 g YYYY) 1 | Still working | Rate of Pay \$ \$15.0 | y 00 per | | Hours Week | Worked per (on average) |
| I have E | shown in the Ident INCLOSED Pay S DT have Pay Stub t, use the chart be | fication section. tubs or Gross Wage Prints or Gross Wage Print C ow to tell us how much yo | nt Outs. Fil Outs. For any | LE: Test File | e.docx you DO NOT i ins) in each m | × have pa | ıy stut | sora |
| Date Earned MM/YYYY | Amount | Date Earned MM/YYYY | Am | nount | Date Earne MM/YYYYY | d | 4 | mount |
| | \$ USD | | \$ USD | | | \$ | USD | |
| | \$ USD | | \$ USD | | | \$ | USD | |
| | \$ USD | | \$ USD | | | \$ | USD | |
| | \$ USD | 1 | \$ USD | | | \$ | USD | |
| B. If you do not I | have any more em | ployers, go to Question | 4. | | | _ | | |
| revious Emplo | ver's Name | | Supervisor | s Name | 1 | Supervi | sor's 1 | elephone No |
| Test Test | | | | | | manuae | e alea | coder |
| tailing Address | | | | Citv | | 1 | State | ZIP Code |
| | | | 1 | | | | - | * |
| ob Title and Typ | e of Work | | | | | | - | |
| | | | | | | | | |
| Date Work Starte MM/DD/YYYY) | d Date Wo (MM/DD) | rk Ended (if ended) | Still working | Rate of Pay | * | | Hours | Worked per (on average) |
| the second second | | A 1997 | | • USD | per | | * | (a) |
| I DO NO | shown in the Ident NCLOSED Pay 5 DT have Pay Stub t, use the chart be | tubs or Gross Wage Print s or Gross Wage Print C ow to tell us how much yo | nt Outs. Outs. For any ou earned (be | months that ; | you DO NOT I | have pa | in stub | sora |
| Date Earned MM/YYYY | Amount | Date Earned MM/YYYY | Am | nount | Date Earne MM/YYYYY | d | 1 | mount |
| | \$ USD | | \$ USD | | | \$ | USD | |
| | - | | \$ USD | | | \$ | USD | |
| | \$ USD | | + | | | | | |
| | S USD | | \$ USD | | | \$ | USD | |

The SSA-821's questions are based on conditional values. The example displayed above shows that by entering an employer in question 3B, the remaining fields for 3B are yellow allowing the user to enter information. Even though the fields for question 3B appear with an asterisk in the image to the left, they are not required until a value is entered in the conditional field "Previous Employer's Name."

Signature:

| 2 | Adobe Sign | | | | | 1 | ? |
|---------|----------------------|--|---|--|--|--------------------------------|-----------------|
| Ontions | | 📟 Ón 📼 | | | | N | ext Required 22 |
| option | | Type Draw Mobile | | | | | ext Required |
| | CI | <u>ک</u> | | | | | |
| | | | | | | | |
| | CI | | | | | | |
| | | | \square | Close | Apply | | |
| | | Signature | | | | | |
| | th or st gi | at may determine or review my entitlement to disability benefits, any in my work. declare under penalty of perjury that I have examined all the inform atements or forms, and it is true and correct to the best of my kno wes a false or misleading statement about a material fact in this in commits a crime and may be sent to prison, or may face other pena | nation on this wledge. I und formation, or Ities, or both. | form, and on any erstand that any causes someone | or ment y accom one who e else to | panying knowingly do so, | |
| | Sig | nature of Claimant, Beneficiary or Representative | | Date | Area (| Code and hone Number | |
| Ne | xt 📄 Cl | ick here to sign | elf 🔻 | 2 | * | inoria ritanio ci | |
| | Ma * | illing Address (Number and Street, Apt. no., P.O. Box, or Rural Route) | Citv * | | State * | ZIP Code | |
| | If the sign | nis statement is signed with a mark (e.g., X), two witnesses to the signin n below, giving their full addresses and telephone numbers. | ng who know th | e person making | the state | ement must | |
| | 1.5 | Signature of Witness | | Date | Area (Telep | Code and hone Number | 6 |
| | Ma | iling Address (Number and Street, Apt. no., P.O. Box, or Rural Route) | City | | State | ZIP Code | - |
| | 2.5 | Signature of Witness | | Date | Area (Telepi | Code and hone Number | |
| | Ma | iling Address (Number and Street Ant. no. P.O. Box, or Rural Poute) | City | | State | ZIP Code | -/ |
| | | ↑ ↓ <u></u> ⁸ /11 Θ | ⊕± | | | | × |

By clicking in the Signature field the user can type their name to sign the document.

| Signature | | | | |
|---|--|--|------------------------------|--|
| I authorize any employer, agency, or other organization to disclose to the that may determine or review my entitlement to disability benefits, any is or my work. I declare under penalty of perjury that I have examined all the infor- statements or forms, and it is true and correct to the best of my kn | me Social Securi Information about Information on this owledge. I unc | ty Administration o It my physical and/ form, and on any lerstand that anyo | r the St or ment accom | ate agency tal condition npanying o knowingly |
| gives a false or misleading statement about a material fact in this commits a crime and may be sent to prison, or may face other per | nformation, or alties, or both | causes someone | else to | o do so, |
| Signature of Claimant, Beneficiary or Representative Test Test | Self 💌 | Date 06/11/2021 | Area (Telepi 123 | Code and hone Number 4587890 |
| Mailing Address (Number and Street. Apt. no P.O. Box, or Rural Route | Citv | - | State | ZIP Code |
| Test St | Baltimor | e | 2003 | 12345 |
| If this statement is signed with a mark (e.g., X), two witnesses to the sign sign below, giving their full addresses and telephone numbers. | ing who know t | he person making t | he stati | ement must |
| 1. Signature of Witness | | Date | Area (Telepi | Code and hone Number |
| Mailing Address (Number and Street, Apt. no., P.O. Box, or Rural Route |) City | .1 | State | ZIP Code |
| 2. Signature of Witness | | Date | Area (Telepi | Code and hone Number |
| Mailing Address (Number and Street Act on P.O. Box or Bural Route | City | 1 | State | ZIP Code |

Signature now appears on the form with the date it was signed appearing below signature. If all required fields are completed, user can "Click to Sign".

SSA821 Adobe Form Completion Page:



Final Email:

| Social Security Administration | <adobesign@adobesign.com></adobesign@adobesign.com> |
|---|---|
| [EXTERNAL] Work Activity Report - Emplo | oyee has been Signed and Filed |
| Claimant Email | |
| tion Policy Delete _7_Vear_Default (7 years) | Expires 5/6/2028 |
| there are problems with how this message is displayed, click here | e to viewit in a web browser. |
| | |
| AT THE REAL PROPERTY AND A PROPERTY | |
| Social Security | |
| Social Security | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Veulee demonstration |
| | |
| | You're aone signing |
| V | Nork Activity Report – Employee |
| The document is complete | Nork Activity Report – Employee |
| The document is complete. | Nork Activity Report – Employee |
| The document is complete. | A DO NOT share this email with others. If you DO share this email, you accept the risk that |
| The document is complete. For security purposes, we strongly recommend you others may misuse your personal information. If you Social Security at 1-800-772-1213 (TTY 1-800-325) | A DO NOT share this email with others. If you DO share this email, you accept the risk that u have any questions about this email or feel that you received this in error, please contact -0778) between 8 a.m. – 7 p.m., Monday through Friday. |
| The document is complete. For security purposes, we strongly recommend you others may misuse your personal information. If you Social Security at 1-800-772-1213 (TTY 1-800-325- | A DO NOT share this email with others. If you DO share this email, you accept the risk that u have any questions about this email or feel that you received this in error, please contact -0778) between 8 a.m. – 7 p.m., Monday through Friday. |
| The document is complete. For security purposes, we strongly recommend you others may misuse your personal information. If you Social Security at 1-800-772-1213 (TTY 1-800-325- Help us improve. | A DO NOT share this email with others. If you DO share this email, you accept the risk that u have any questions about this email or feel that you received this in error, please contact -0778) between 8 a.m. – 7 p.m., Monday through Friday. |
| The document is complete. For security purposes, we strongly recommend you others may misuse your personal information. If you Social Security at 1-800-772-1213 (TTY 1-800-325- Help us improve. | A DO NOT share this email with others. If you DO share this email, you accept the risk that u DO NOT share this email with others. If you DO share this email, you accept the risk that u have any questions about this email or feel that you received this in error, please contact -0778) between 8 a.m. – 7 p.m., Monday through Friday. |
| The document is complete. For security purposes, we strongly recommend you others may misuse your personal information. If you Social Security at 1-800-772-1213 (TTY 1-800-325- Help us improve. | A DO NOT share this email with others. If you DO share this email, you accept the risk that u have any questions about this email or feel that you received this in error, please contact -0778) between 8 a.m. – 7 p.m., Monday through Friday. |
| The document is complete. For security purposes, we strongly recommend you others may misuse your personal information. If you Social Security at 1-800-772-1213 (TTY 1-800-325- Help us improve. | A DO NOT share this email with others. If you DO share this email, you accept the risk that u have any questions about this email or feel that you received this in error, please contact -0778) between 8 a.m. – 7 p.m., Monday through Friday. |
| The document is complete. For security purposes, we strongly recommend you others may misuse your personal information. If you Social Security at 1-800-772-1213 (TTY 1-800-325) Help us improve. | A DO NOT share this email with others. If you DO share this email, you accept the risk that u have any questions about this email or feel that you received this in error, please contact -0778) between 8 a.m. – 7 p.m., Monday through Friday. |
| The document is complete. For security purposes, we strongly recommend you others may misuse your personal information. If you Social Security at 1-800-772-1213 (TTY 1-800-325) Help us improve. | A DO NOT share this email with others. If you DO share this email, you accept the risk that u have any questions about this email or feel that you received this in error, please contact -0778) between 8 a.m. – 7 p.m., Monday through Friday. |