SSA820 Online Application

Screen Package

August 9, 2021

Application Landing Page:

Social Security

Complete the Work Activity Report - Self-Employment (Form SSA-820)

Instructions

This online service allows you to electronically complete, sign, and submit the Work Activity Report – Self-Employment (Form SSA-820). 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 – SELF-EMPLOYMENT (FORM SSA-820) 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.

We will use the information you provide to determine benefits eligibility. We may also share the information for the following purposes, called routine uses:

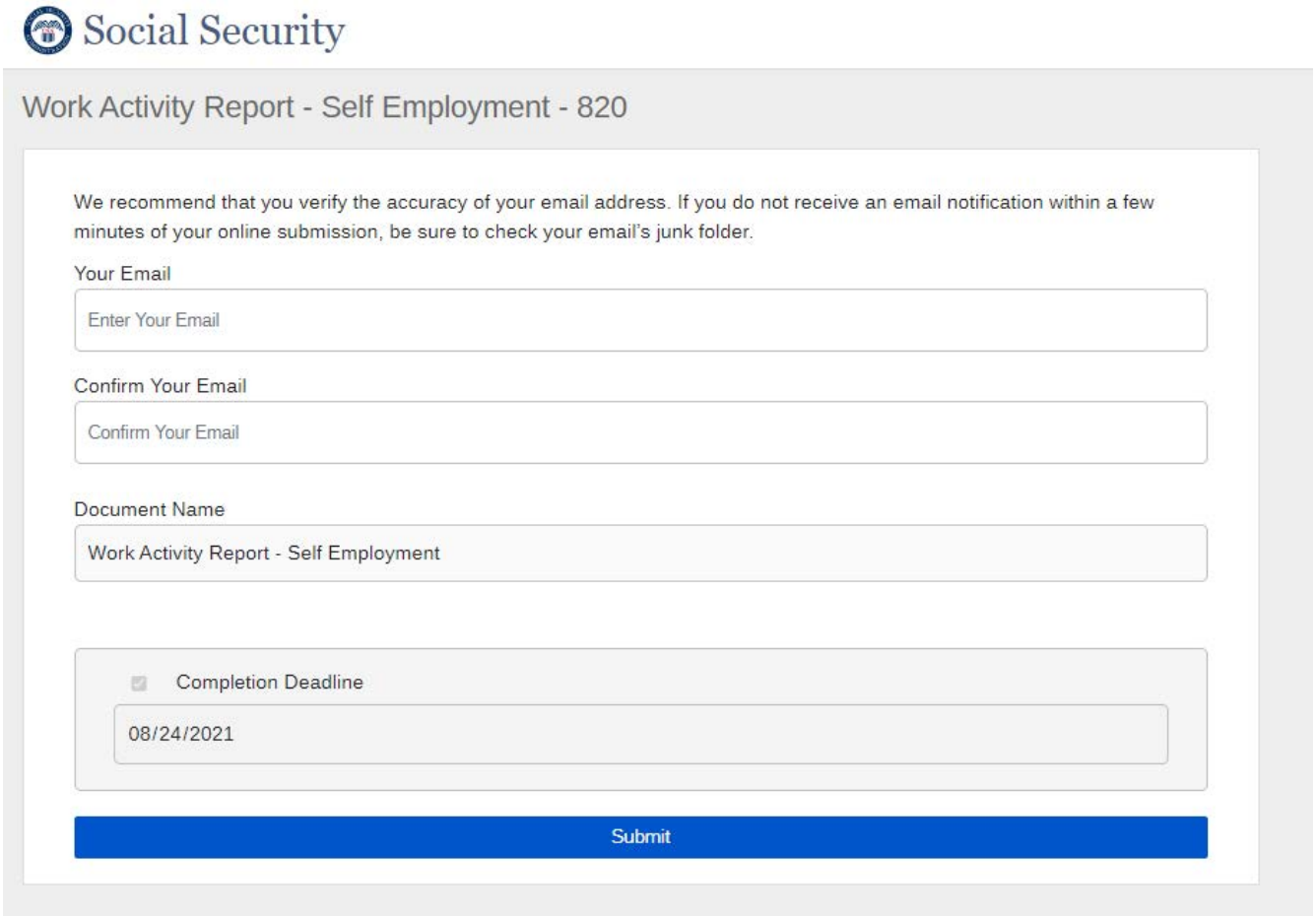
- To officers and employees of Federal, State or local agencies upon written request, in accordance with the Internal Revenue Code (IRC) (U.S.C. 6103(l)(7)), tax return information (e.g., information with respect to net earnings from self-employment, wages, payments of retirement income which have been disclosed to the Social Security Administration, and business and employment addresses) for purposes of, and to the extent necessary in, determining an individual's eligibility for, or the correct amount of, benefits under certain programs listed in the IRC; and
- To employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes.

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.

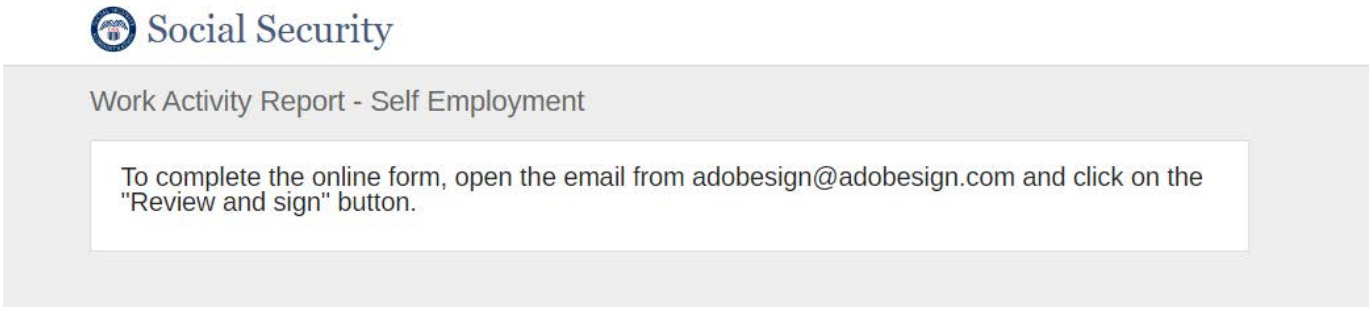
A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819, and 60-0089, Claims Folders System, as published in the FR on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

☐ ***I understand and agree to the above statement**

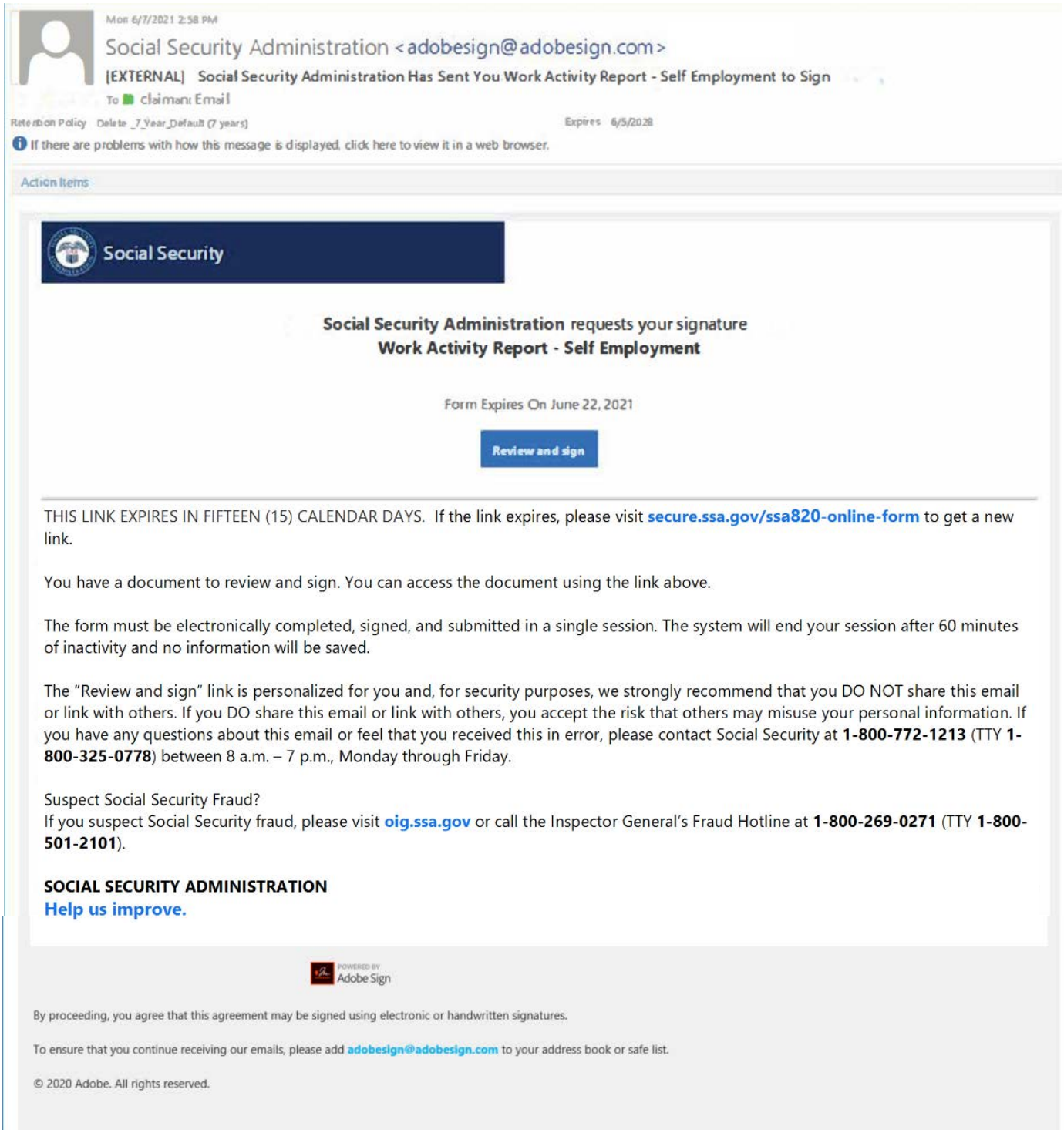
Email Landing Page:



Email Confirmation Page:



First Email:



Mon 6/7/2021 2:58 PM

Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Social Security Administration Has Sent You Work Activity Report - Self Employment to Sign

To claimant Email

Retention Policy Delete_7_Year_Default (7 years) Expires 6/5/2028

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 - Self Employment

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/ssa820-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. If 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**).

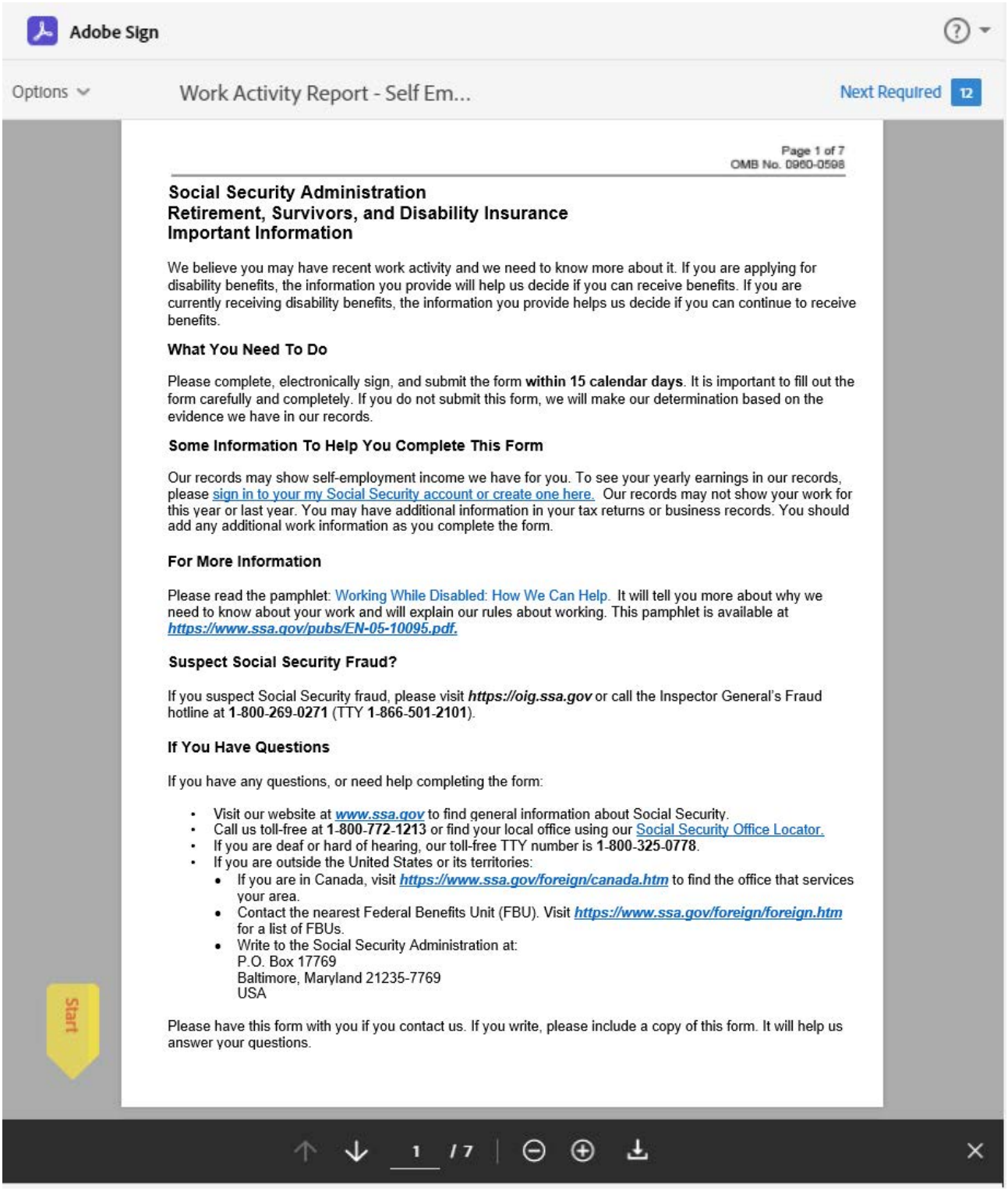
SOCIAL SECURITY ADMINISTRATION
Help us improve.

POWERED BY Adobe Sign

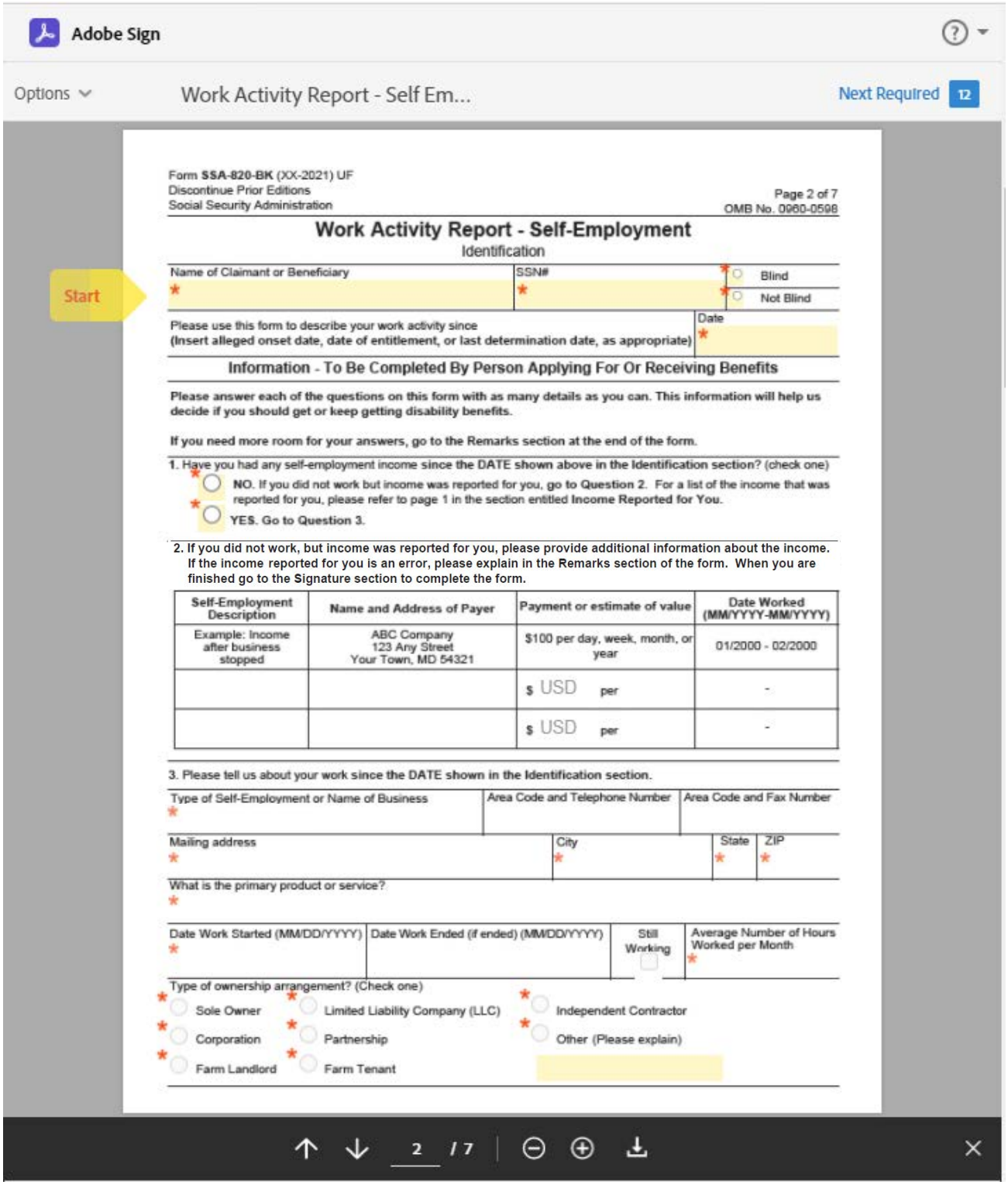
By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add **adobesign@adobesign.com** to your address book or safe list.

SSA820 Cover Sheet:

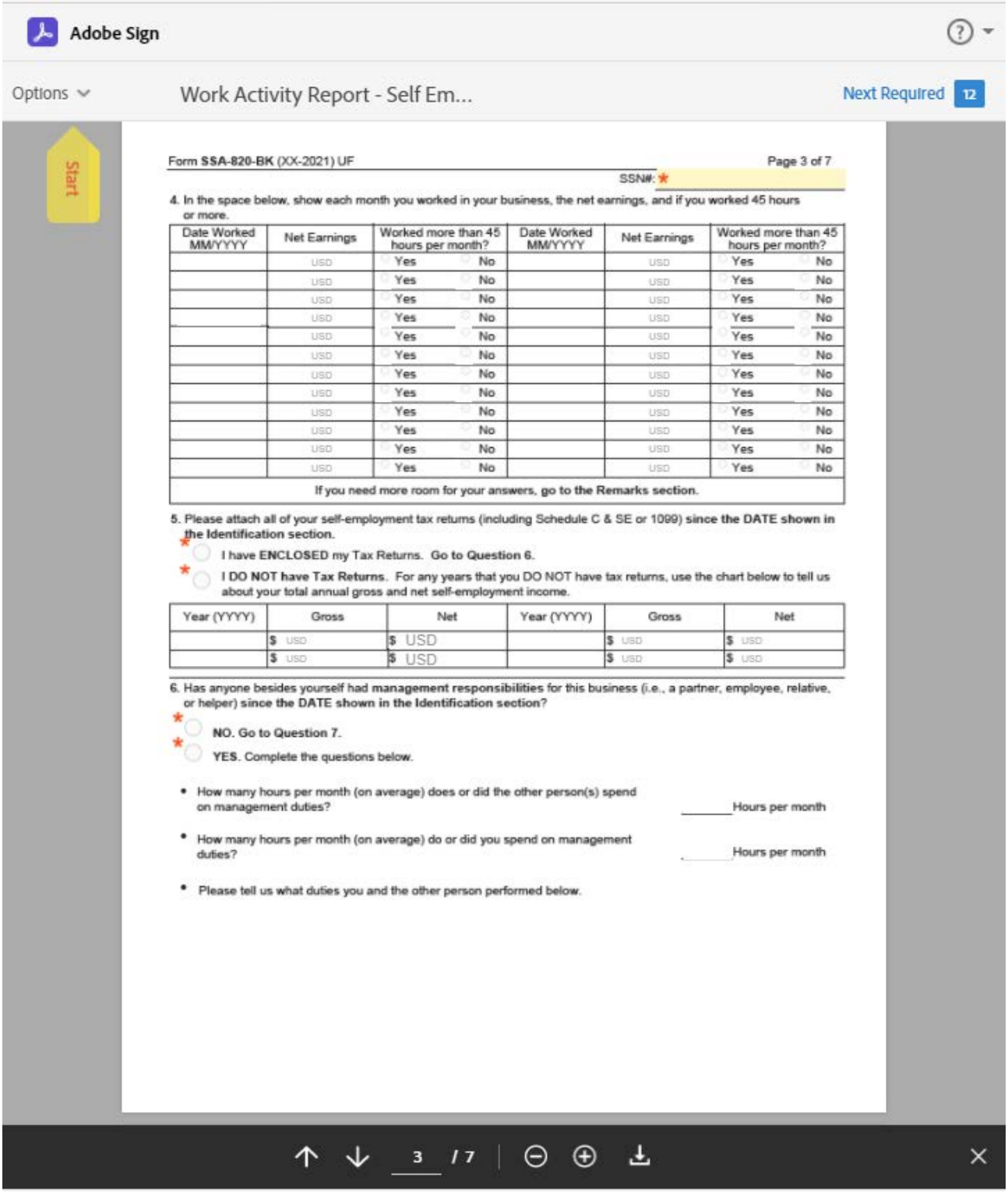


SSA820 Adobe Form:



Red asterisks notate a required field. Note that some required fields are conditional, based upon how the prior question was answered. Please see page 16 for an example.

SSA820 Adobe Form:



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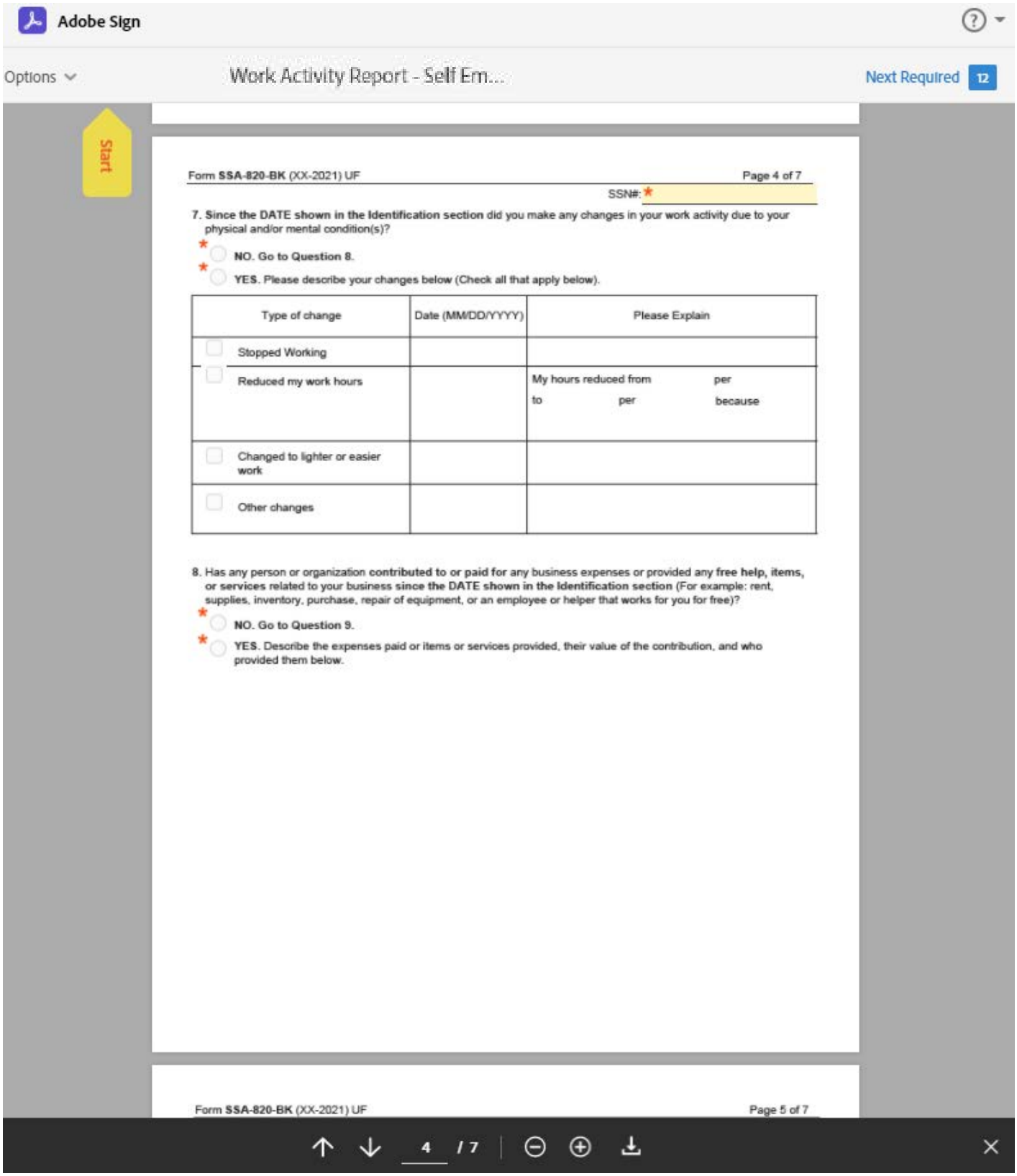

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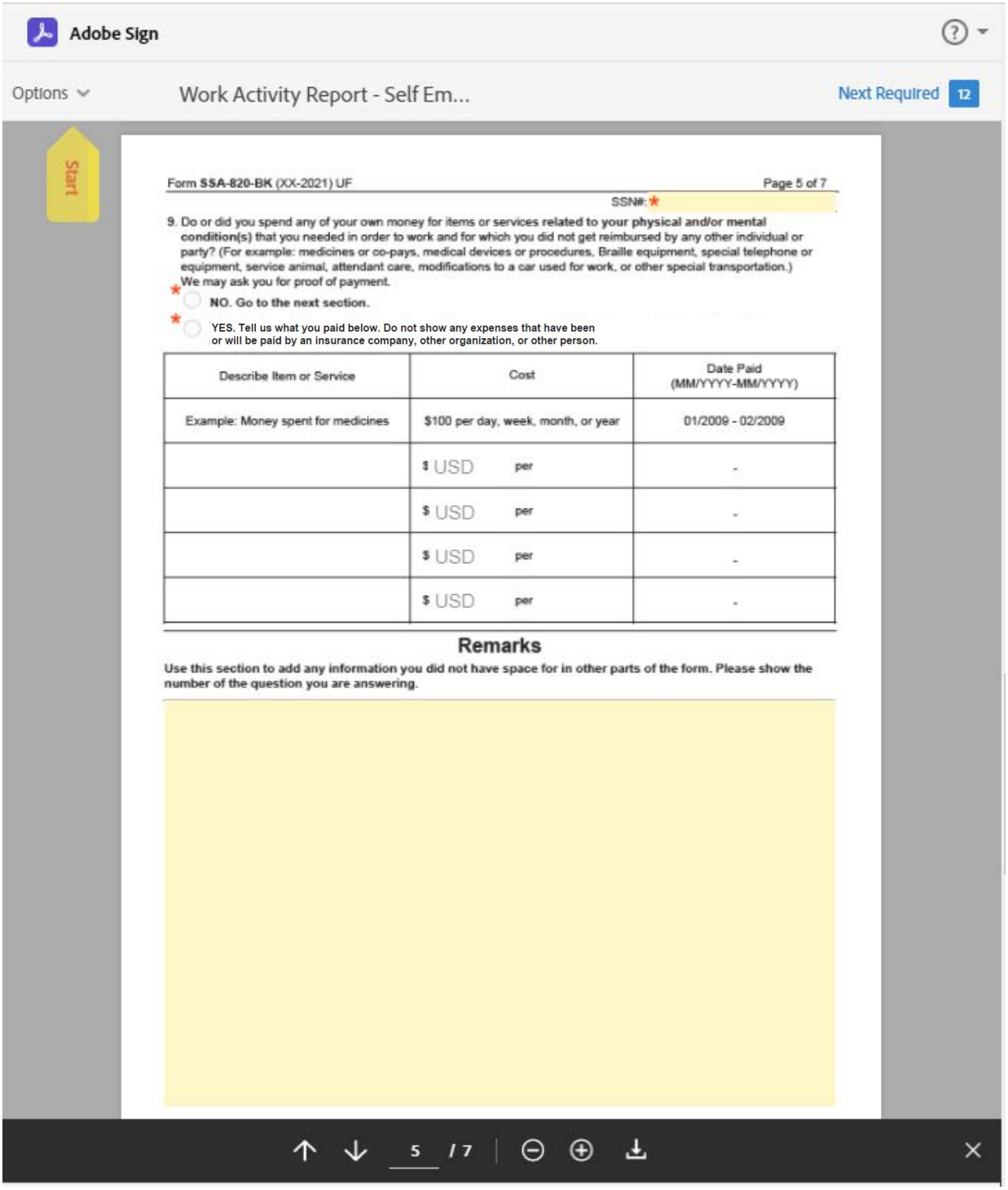

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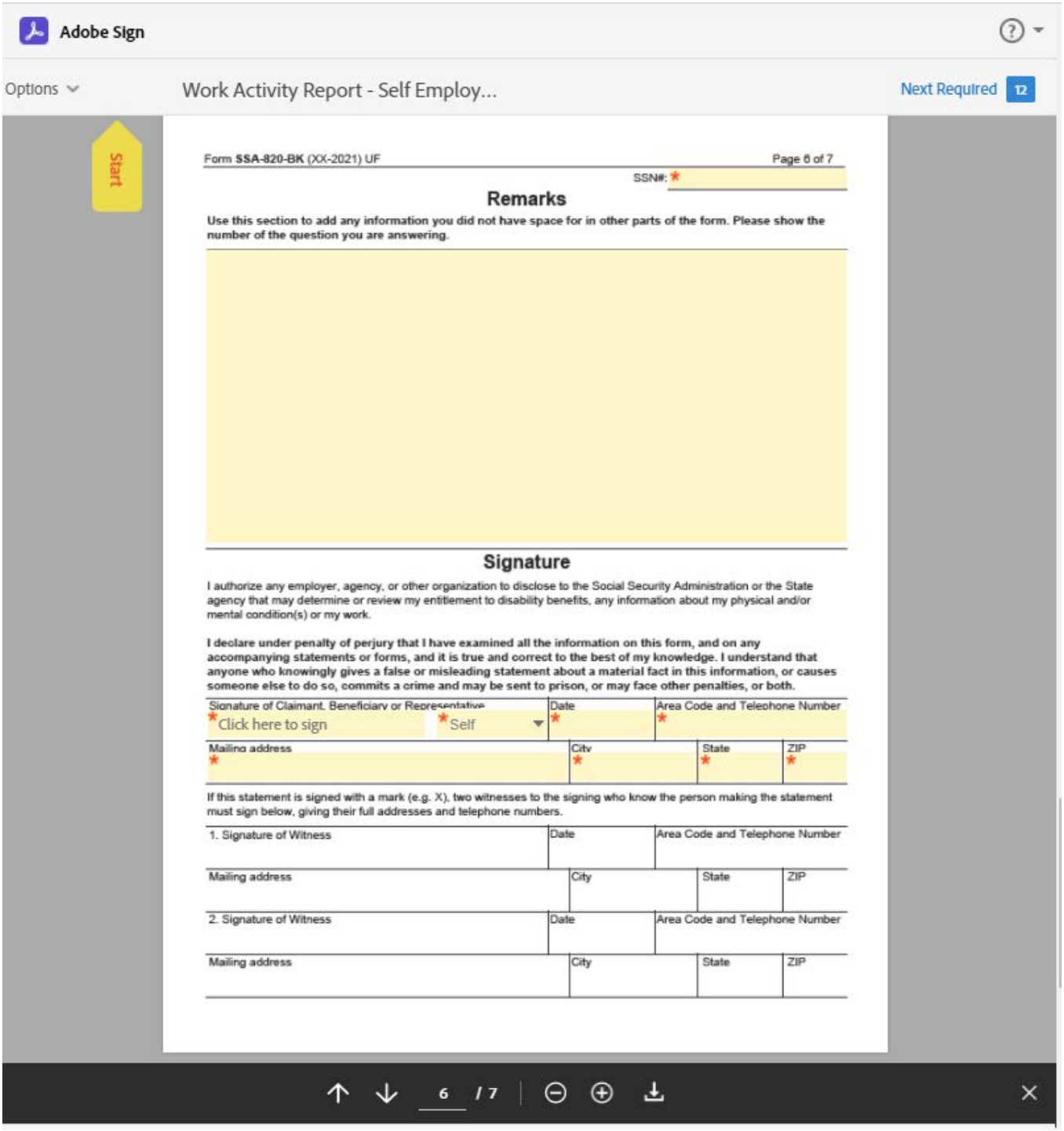
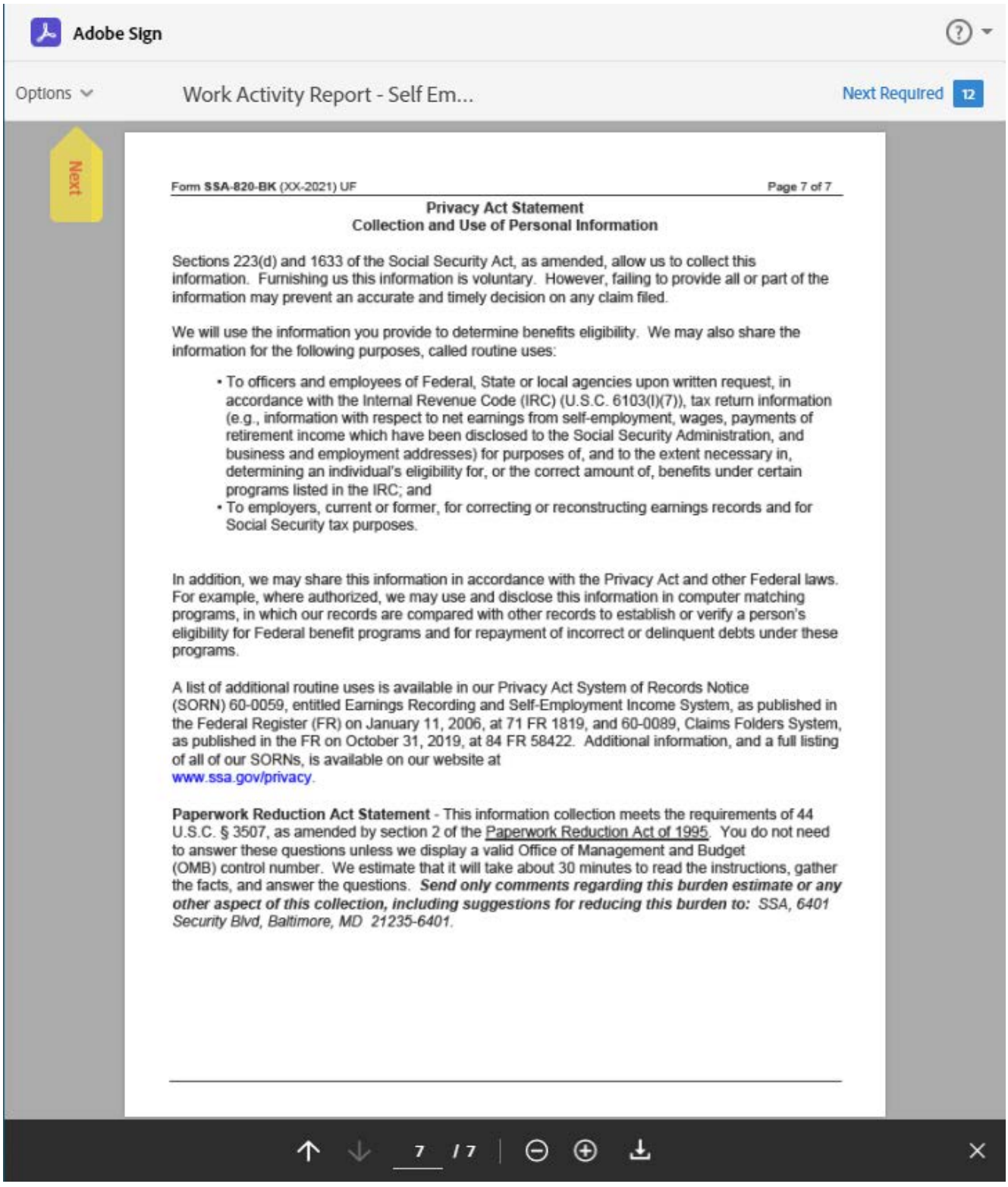
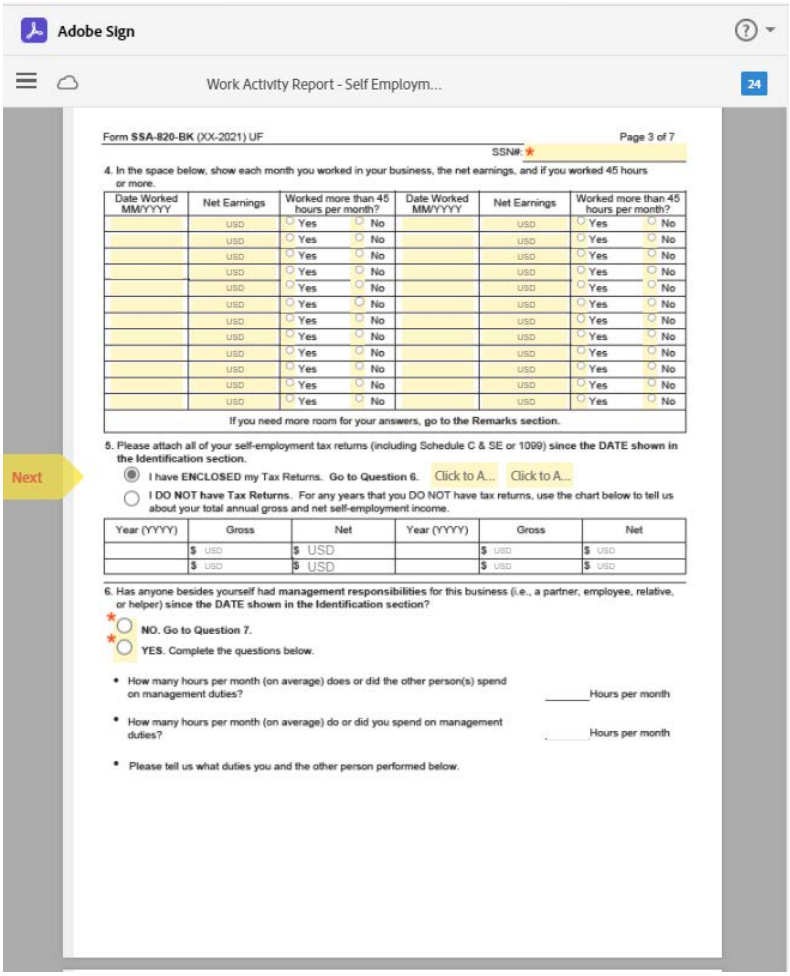
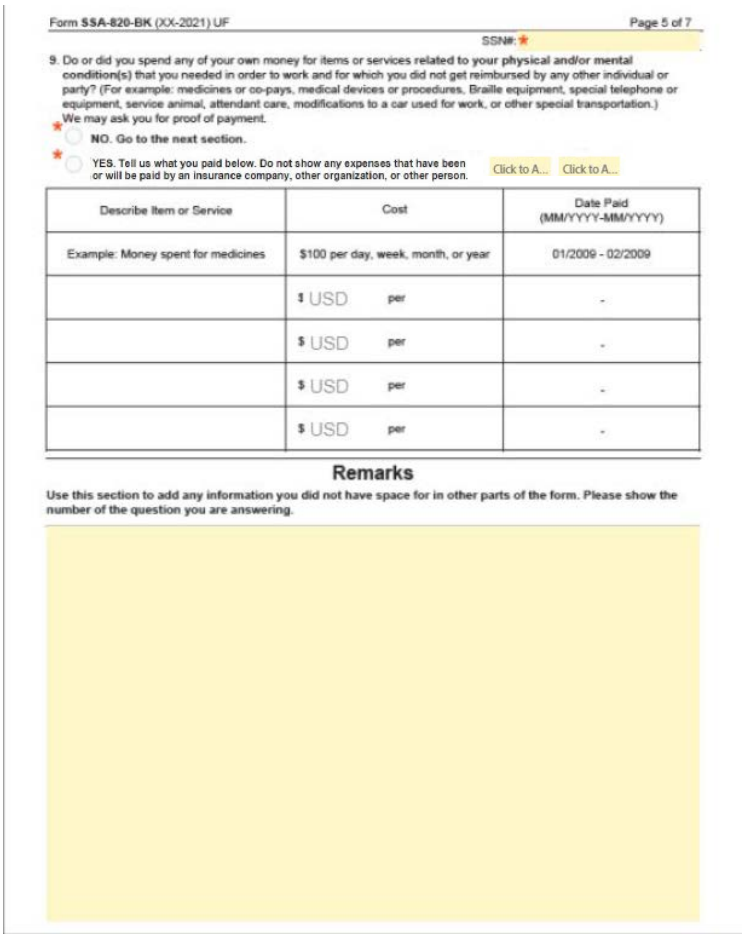


SSA820 Adobe Form:

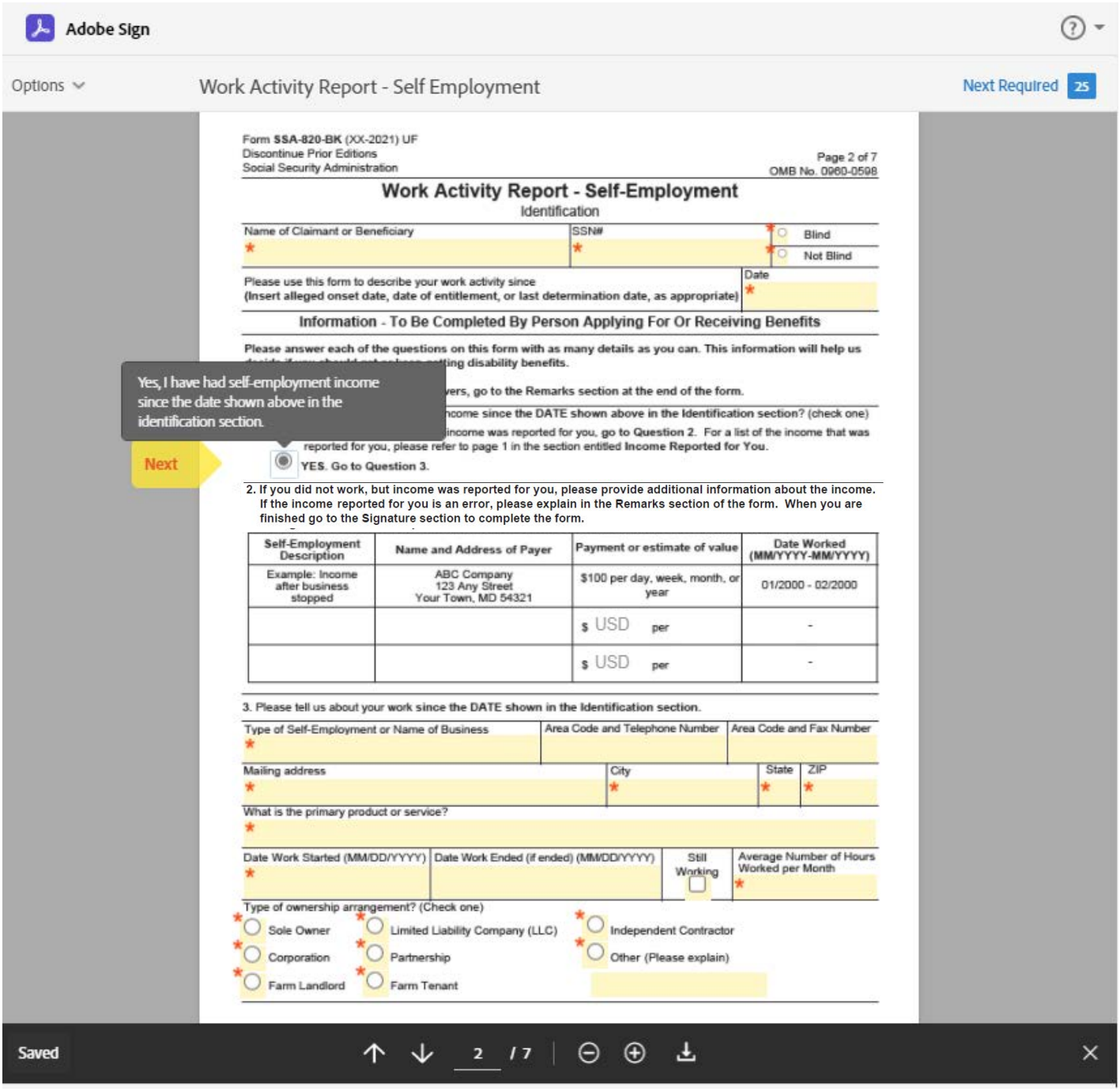


Attachment Fields:



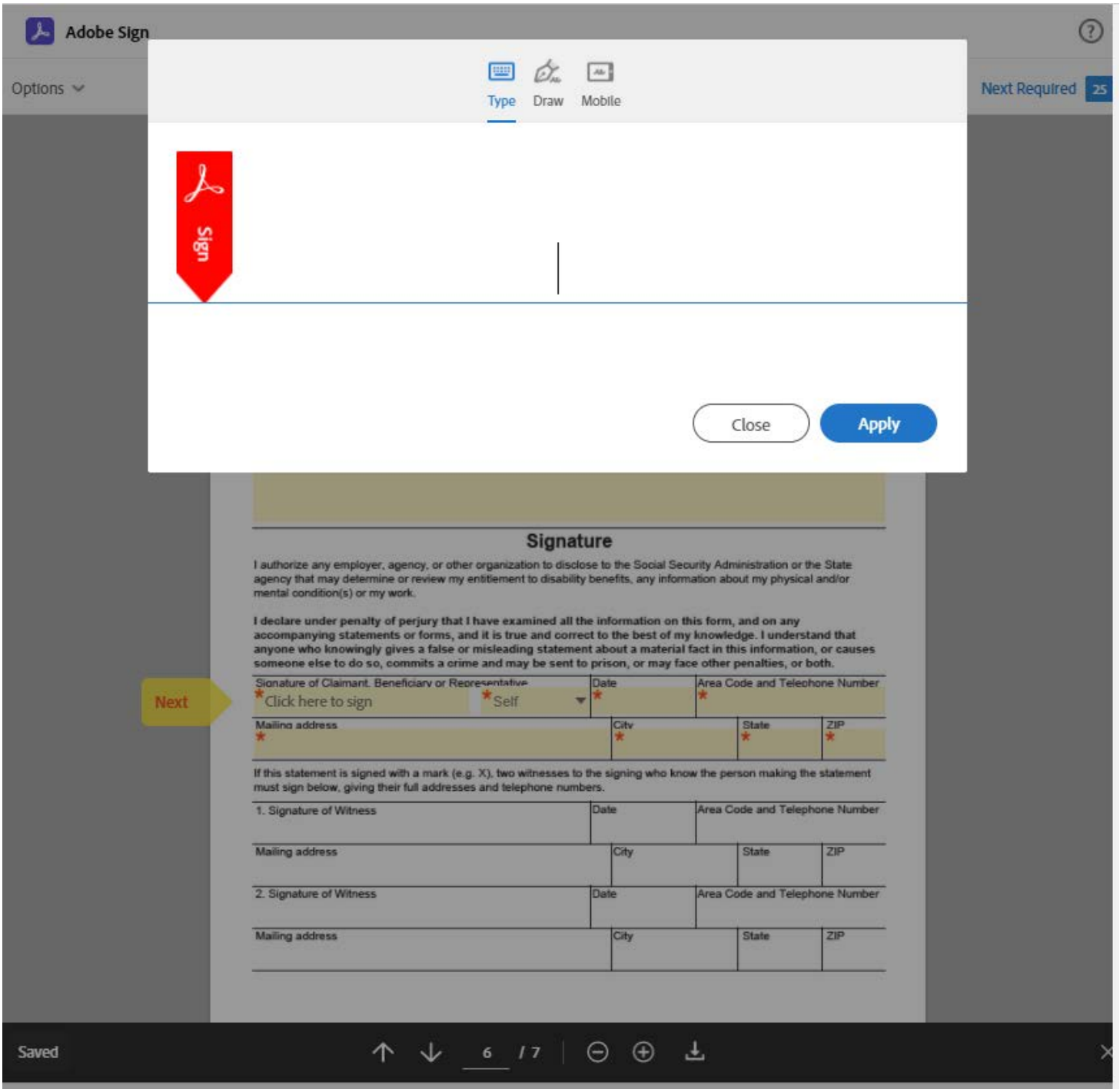


Example of Conditional Required Fields:



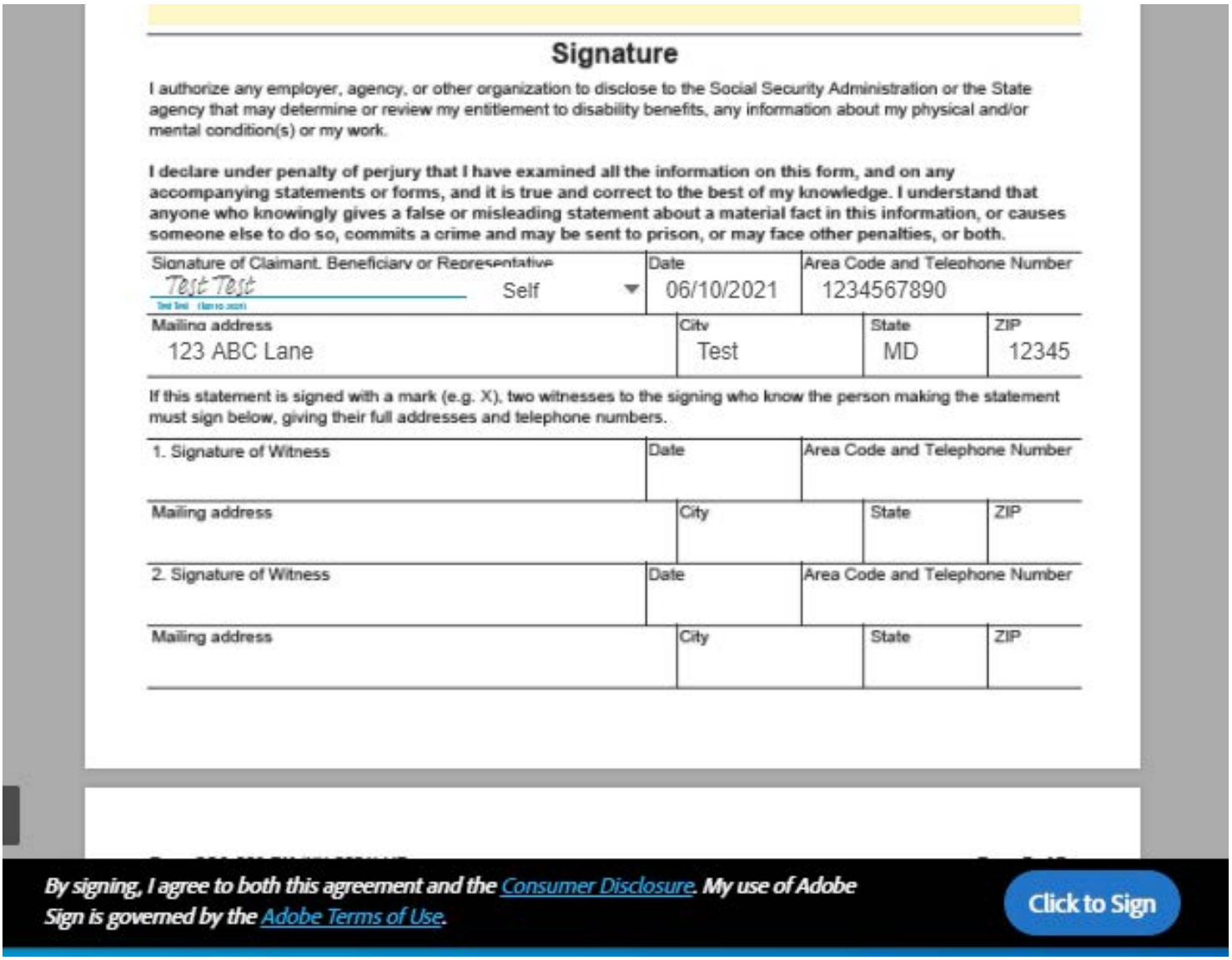
The SSA820's questions are based on conditional values. The example displayed above shows that by selecting "YES" to question 1, question 2 is not available to enter information in, and the user can move onto question 3.

Signature:



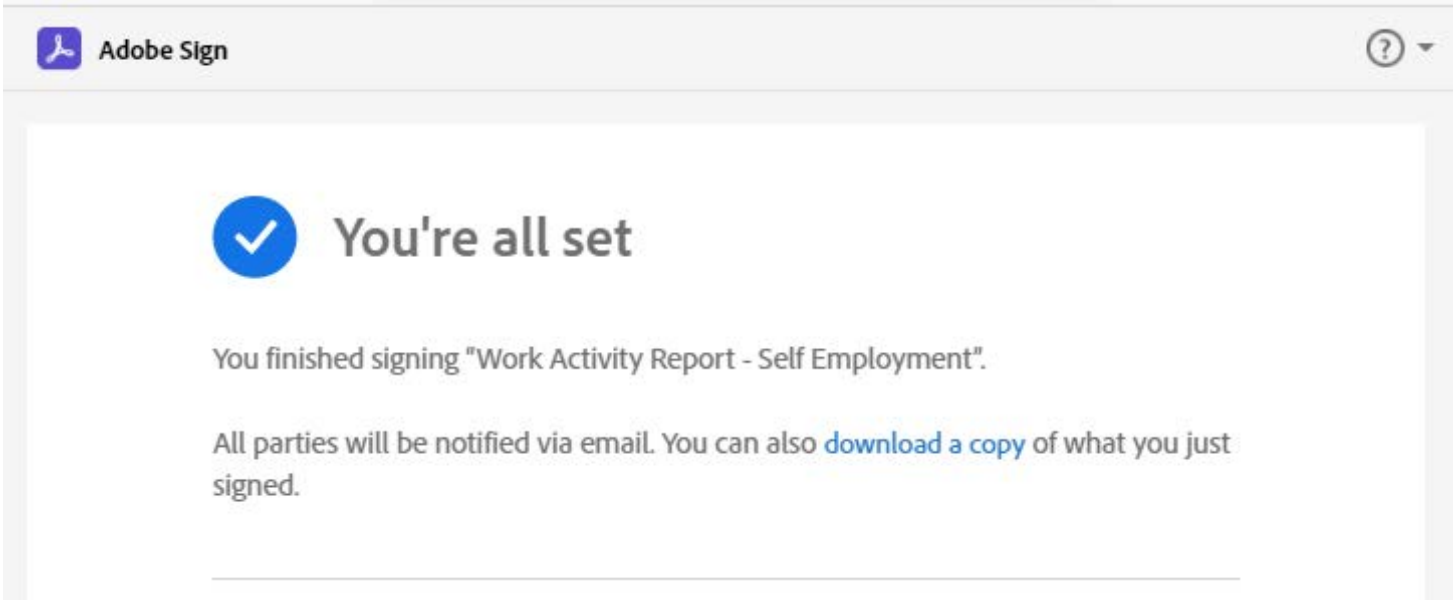
By clicking in the Signature field the user can type their name to sign the document.

Completed Signature:

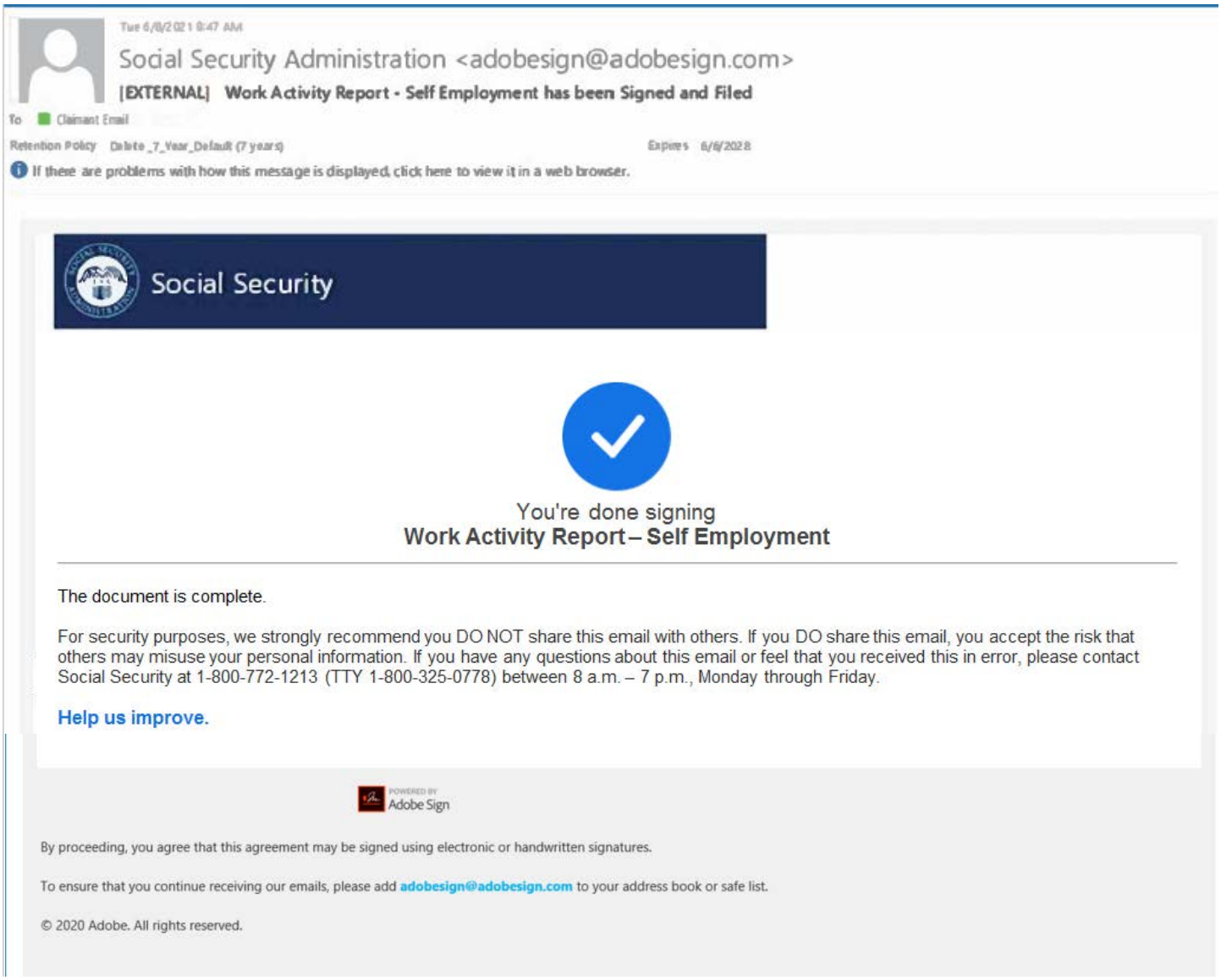


Signature now appears on the form with the date it was signed appearing below signature. If all required fields are filled out, user can "Click to Sign".

SSA820 Adobe Form Completion Page:



Final Email:


Tue 6/8/2021 8:47 AM
Social Security Administration <adobesign@adobesign.com>
[EXTERNAL] Work Activity Report - Self Employment has been Signed and Filed
To Claimant Email
Retention Policy Delete_7_Year_Default (7 years)
Expires 6/6/2028
If there are problems with how this message is displayed, click here to view it in a web browser.
Social Security
You're done signing
Work Activity Report – Self Employment
The document is complete.
For security purposes, we strongly recommend you DO NOT share this email with others. If you DO share this email, you accept the risk that others may misuse your personal information. If 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.
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POWERED BY
Adobe Sign
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