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Bureau

**U.S. Census Bureau**

Washington, DC 20233-0001

OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau...

Thank you for your past cooperation in the U.S. Census Bureau's Current Population Survey (CPS). Your participation in this study continues to play a major role in the development of the employment and unemployment data, which are so important to understanding our Nation's economic situation.

One of our field representatives or telephone center interviewers will call on your household soon to update the regular labor force information. He or she also will ask questions about other subjects that will provide government and private organizations the information needed to understand the economic situation of our population. These questions will concern work experience, income from various sources, and health insurance coverage during the year 2021. The average time for each interview is 25 minutes, in addition to the time needed for the regular labor force information. To explain the need for this information and how these data are used, we have enclosed a fact sheet about this survey that may answer some of the questions you might have.

We are conducting this survey under the authority of Title 13, United States Code, Sections 141 and 182, and Title 29, United States Code, Sections 1–9. Section 9 of this law requires us to keep all information about you and your household strictly confidential. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you or your household. The information provided to us may only be shared with other Census Bureau staff for the work-related purposes as identified in the Privacy Act System of Record Notice COMMERCE/Census-3, Demographic Survey Collection (Census Bureau Sampling Frame).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The Office of Management and Budget control number for the CPS is 0607-0354, and the expiration date is December 31, 2021. Without this number, we would not be able to conduct this survey.

Some income sources, and medical out-of-pocket expenditures, that the field representative will be asking about appear on the back of this letter. Space is provided for you to enter the income amounts received, and medical expenditures paid, by members of your household who are 15 years old or over. Although the income sources mentioned are not all-inclusive and some may not have been received by anyone in your household, we request that you look up the 2020 income records for yourself and the rest of your household before the representative calls on you. This will ensure the accuracy of the statistics collected and will also serve to minimize the time required for the interview.

If you have any questions, please visit [census.gov/cps](https://census.gov/cps), or call your Census Bureau Regional Office at 1-800-424-6974, #53939.

Send comments regarding the time estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Demo Survey Comments 0607-0354, U.S. Census Bureau, 4600 Silver Hill Road, ADDP-8H590, Washington, D.C. 20233. You may e-mail comments to [DEMO.PAPERWORK@census.gov](mailto:DEMO.PAPERWORK@census.gov); use "Demo Survey Comments 0607-0354" as the subject.

Thank you for your continued cooperation.

Director

Enclosure

**CPS-580(ASEC)(L) ATLANTA  
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[census.gov](https://census.gov)

## HOLD FOR REFERENCE

A Census Bureau field representative or telephone center interviewer will be calling on your household soon to ask you about income received and medical expenditures paid, for members of this household 15 years of age and over from sources such as those listed below. Consult your records and enter the amounts received or spent during 2021, as applicable, in the columns provided for each person 15+ in your household. Then, when the field representative calls on you, you can refer to this form. This form should not be delivered or mailed in lieu of an actual interview.

	Name	Name	Name	Name
<b>Income</b>	Amount	Amount	Amount	Amount
Wages or salary before taxes and deductions	\$	\$	\$	\$
Income from his/her own nonfarm business, partnership, or professional practice after expenses				
Income from his/her own farm after expenses				
Social Security or Supplemental Security Income (SSI)				
Unemployment Compensation				
Interest on savings, CD's, bonds, retirement accounts, and so on				
Dividends on stocks, mutual funds, and so on				
Pensions and Company retirement				
Withdrawals from retirement accounts (401K, IRA, KEOGH, SEP, and so on)				
Public assistance or welfare				
Rental properties, estates, or trusts				
<b>Medical Expenditures</b>				
Out-of-pocket premiums paid for all health insurance policies <u>except</u> Medicare deductions from Social Security benefits; assign premium payments to policyholder.				
Medical care and equipment expenses, not reimbursed; e.g., copayments for Dr. visits, prescription medication, hearing/vision aids, etc.				
Over-the-counter expenses on health-related products, not reimbursed (e.g., aspirin, cold remedies, etc.)				