

# SSA820 Online Application Screen Package

August 9, 2021

### **Application Landing Page:**



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 <u>inactivity</u> 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(I)(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.

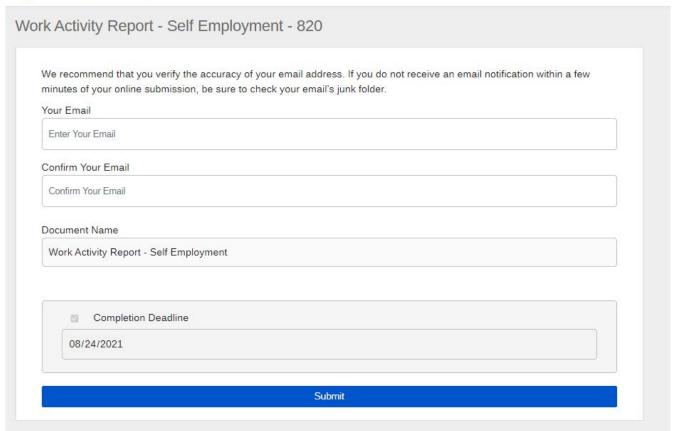
In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility 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	statemen
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## **Email Landing Page:**

## Social Security



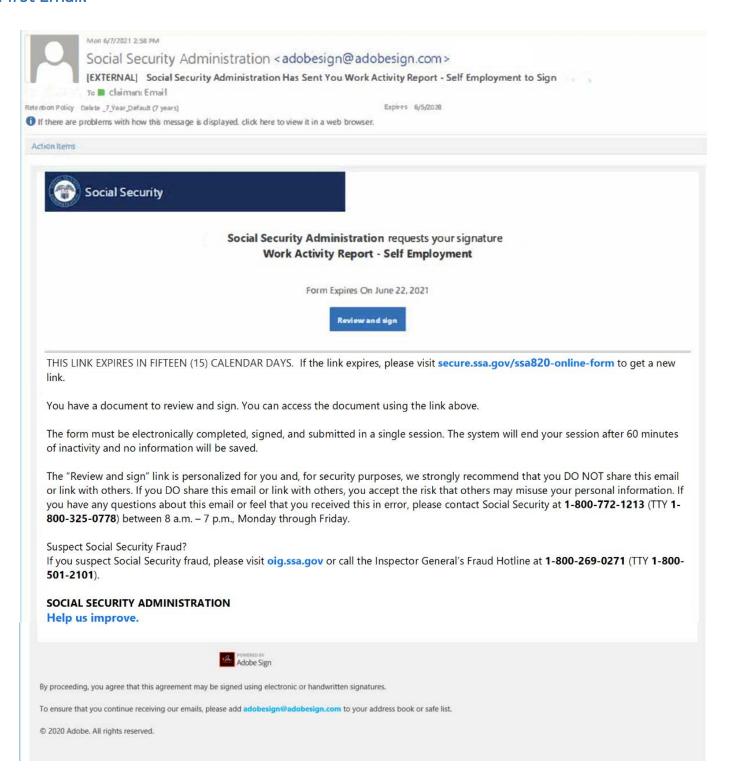
## **Email Confirmation Page:**

## Social Security

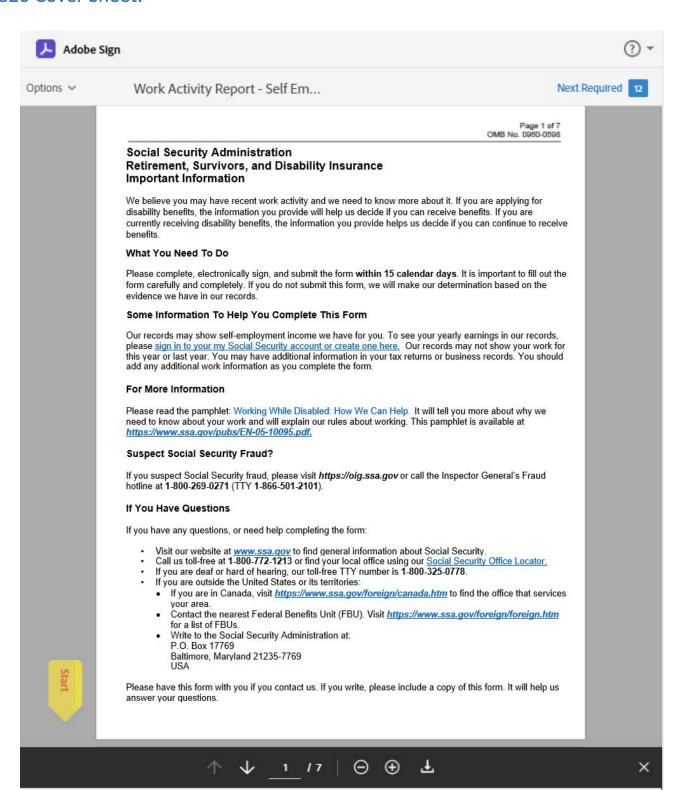
Work Activity Report - Self Employment

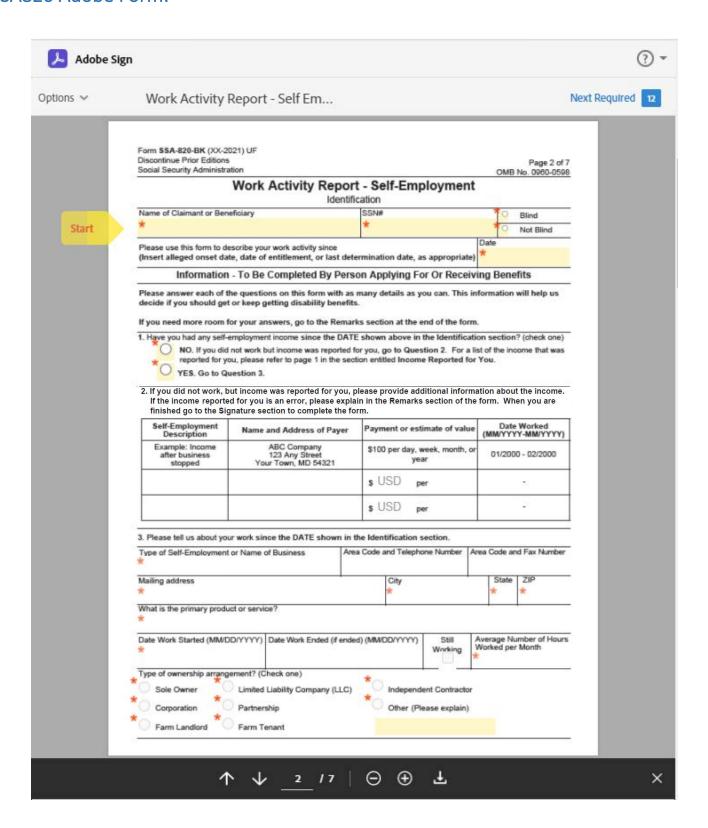
To complete the online form, open the email from adobesign@adobesign.com and click on the "Review and sign" button.

#### First Email:

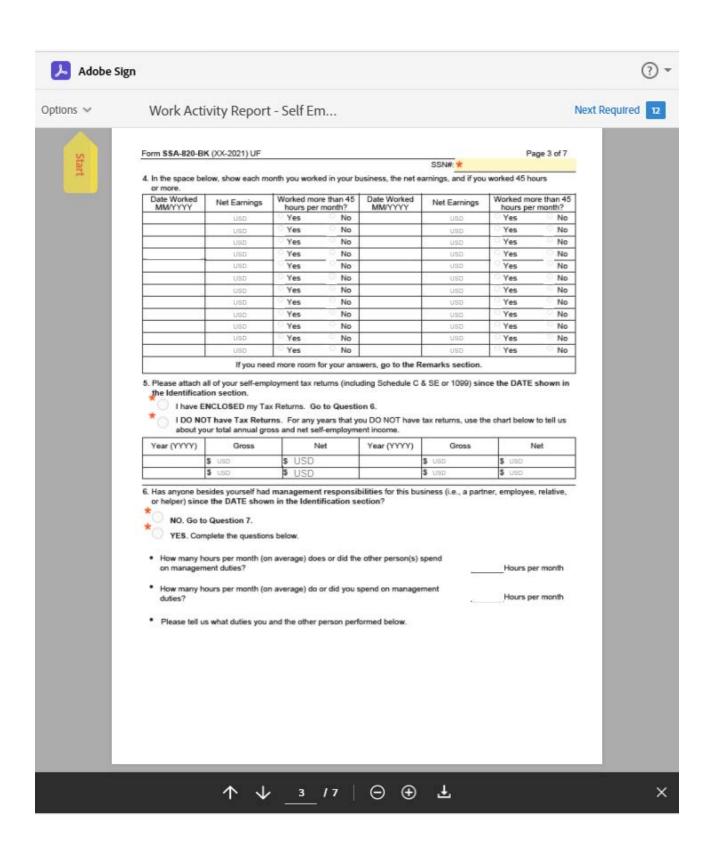


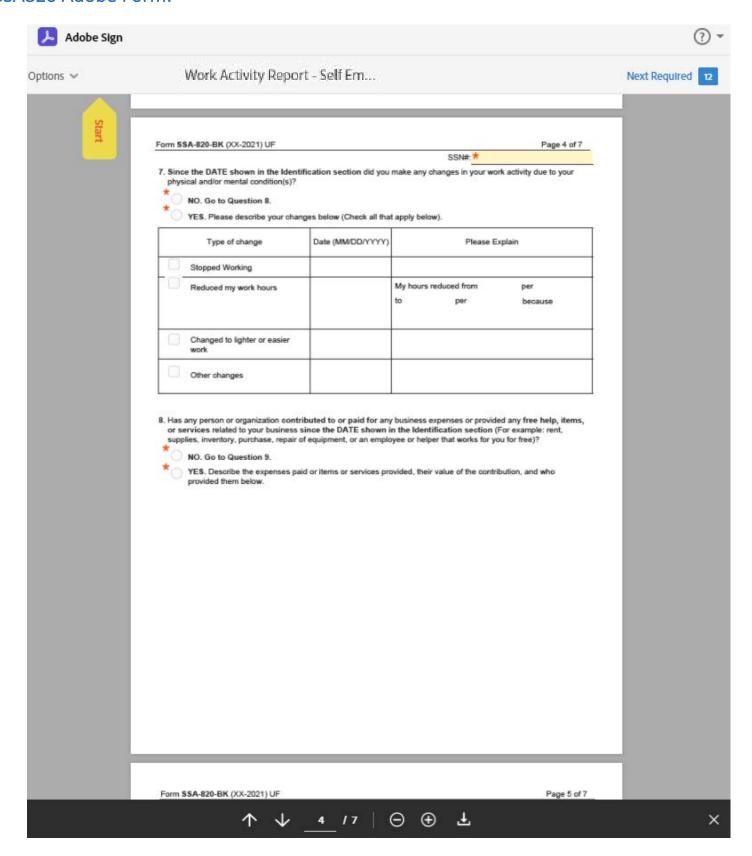
#### SSA820 Cover Sheet:

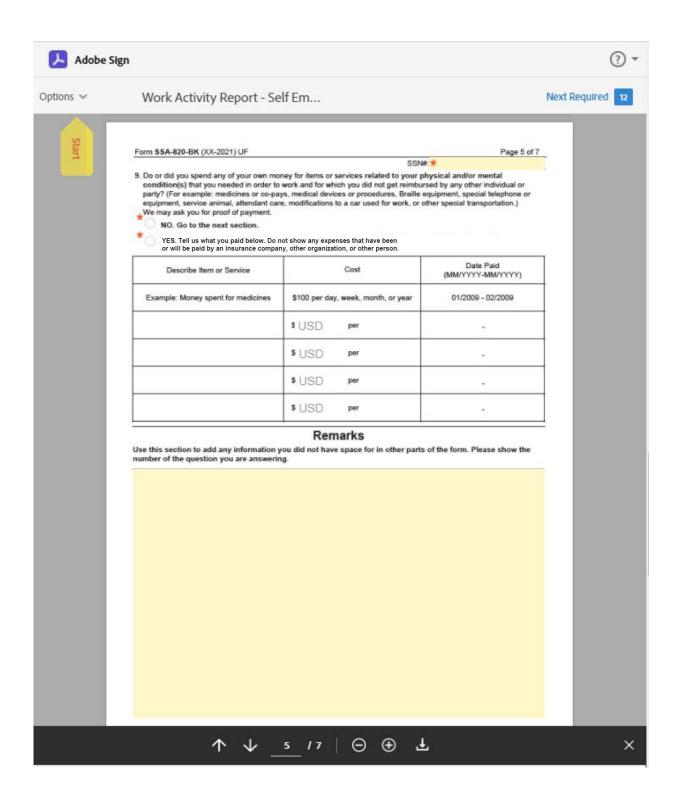


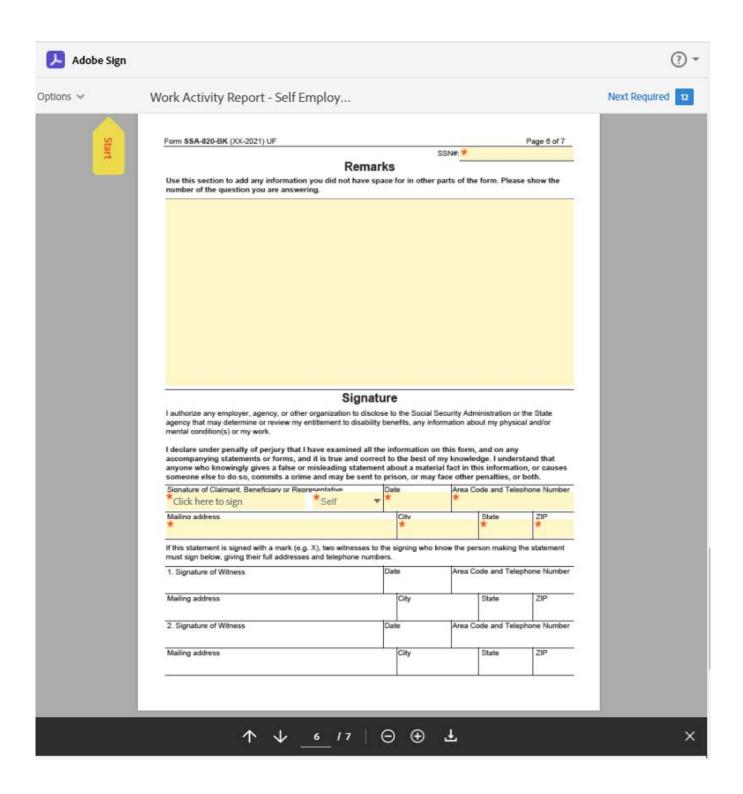


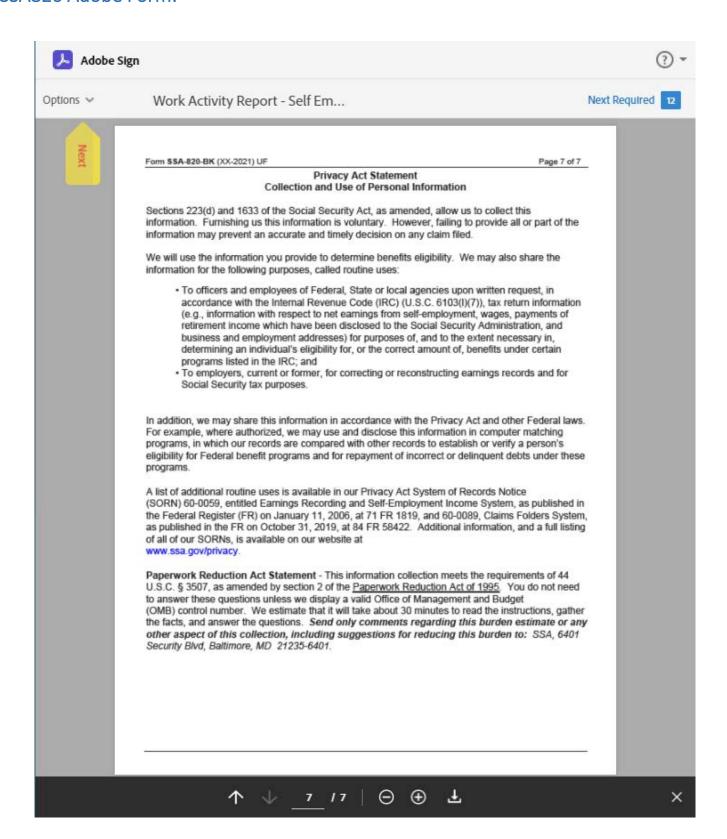
Red asterisks notate a required field. Note that some required fields are conditional, based upon how the prior question was answered. Please see page 16 for an example.



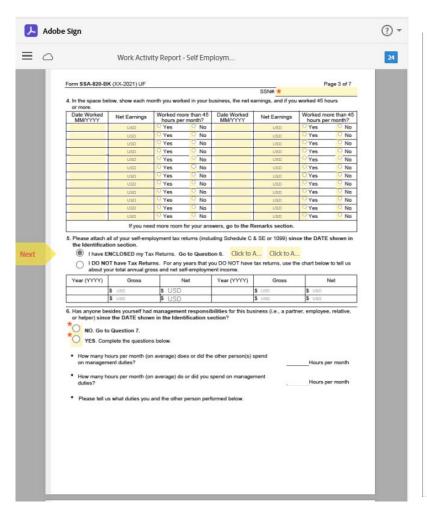


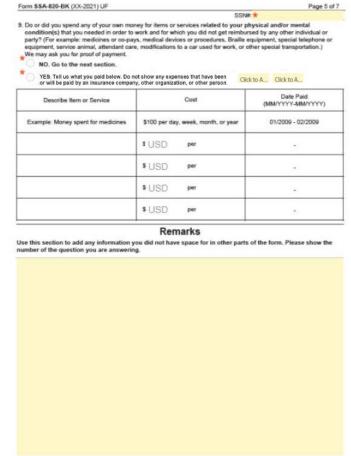




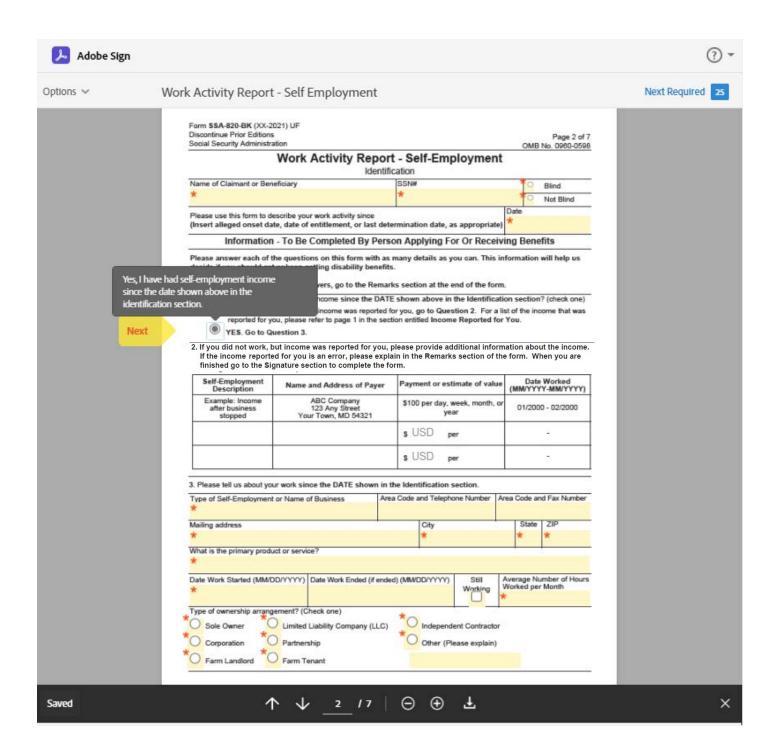


#### **Attachment Fields:**



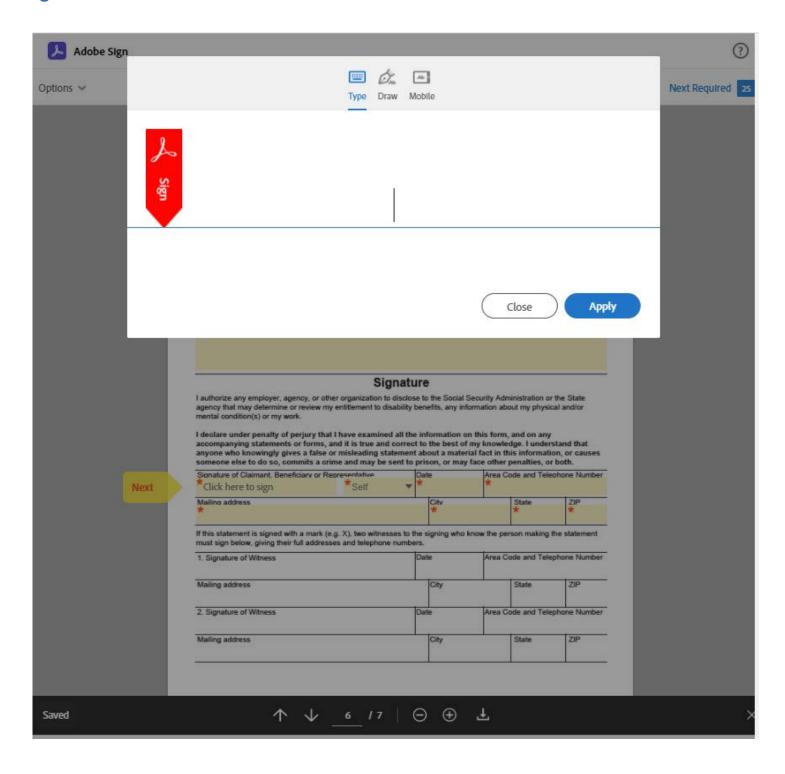


## **Example of Conditional Required Fields:**



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:



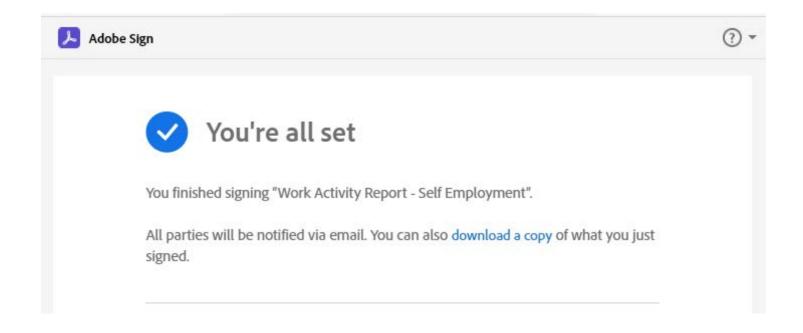
By clicking in the Signature field the user can type their name to sign the document.

## Completed Signature:

	Signatu	ire			
I authorize any employer, agency, or other organizal agency that may determine or review my entitlement mental condition(s) or my work.					
I declare under penalty of perjury that I have exa accompanying statements or forms, and it is tru anyone who knowingly gives a false or misleadir someone else to do so, commits a crime and ma	e and correcting statement	t to the best of my about a material	knowledge. I under fact in this informati	on, or causes	
Signature of Claimant. Beneficiary or Representative  Test Test  Self		Date 06/10/2021	Area Code and Telephone Number 1234567890		
Mailing address 123 ABC Lane	A PIECE		State MD	ZIP 12345	
If this statement is signed with a mark (e.g. X), two w must sign below, giving their full addresses and telep			w the person making	the statement	
1. Signature of Witness		Date	Area Code and Telephone Number		
Mailing address		City	State	ZIP	
2. Signature of Witness		Date	Area Code and Telephone Number		
Mailing address		City	State	ZIP	

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 Dalete\_7\_Vear\_Default (7 years)

Expires 6/6/2028

1 If there are problems with how this message is displayed, click here to view it in a web browser.





# 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.

Help us improve.



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.

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