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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 2024. Personally identifiable information collected includes name, address, telephone/cell phone number, and date of birth or age. 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 U.S.C. Sections 1-9. The Office of Management and Budget control number for the CPS is 0607-0354, and the expiration date is December 31, 2024. 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 2023 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.

Information provided to us may only be shared with other Census Bureau staff for work-related purposes as identified in the Privacy Act System of Records Notice COMMERCE/Census-COMMERCE/Census-3, Demographic Survey Collection (Census Bureau Sampling Frame).

Census Bureau staff have received training on privacy and confidentiality policies and practices. Access to PII/BII is restricted to authorized personnel only. Access to PII/BII is being monitored, tracked, or recorded on Census Bureau IT systems.

Furnishing this information is voluntary. There are no consequences for not providing the requested information. However, your cooperation in obtaining this much needed information is extremely important to ensure complete and accurate results.

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, by email to: [DSD.CPS@census.gov](mailto:DSD.CPS@census.gov); use "Demo Survey Comments 0607-0354" as the subject.

Thank you for your continued cooperation.

Enclosure

**HOLD FOR REFERENCE**

A Census Bureau field representative or telephone center interviewer will be calling on your household soon to ask about income received for everyone over 15 years of age and medical expenditures paid for all household members. Consult your records and enter the amounts received or spent during 2024, as applicable, in the columns provided for each person in your household. Then, refer to this form when the field representative calls on you. It is important to note that this is not comprehensive but just a tool to aid with the interview. This form should not be delivered or mailed in lieu of an actual interview.

	Name	Name	Name	Name
<b>Income (All Persons 15+)</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 (All Persons)</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.)				