

Statement of Self-Employment Income

1. Name of Self-Employed Person	2. Social Security Number
3. Name and address of trade or business	4. Nature of trade or business

5. Net earnings from self-employment for the period From: _____ to _____

In answering items numbered 6, 7, and 8 follow the same general rules used for computing your net earnings from self-employment on your Federal income tax return. (This is only an estimate of self-employment income and does not relieve the self-employed person from filing the proper tax return at the end of the taxable year.)

6. The gross income of this business during the above period was not less than	\$ _____
7. The total business expenses during the same period were not more than	\$ _____
8. The net earnings were not less than (item 6 less item 7)	\$ _____
9. If your actual net earnings at the end of your taxable year are less than \$400, will you report your self-employment income under the optional method?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ANSWER 10 IN ALL CASES 10. Give the basis for your knowledge of the amounts shown above:

Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submits or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

~~I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.~~

Date: _____ Signature of self-employed person or where self-employed person is deceased or incompetent, of person having knowledge of the facts.

Name of Person Completing Form

**Privacy Act Statement
Collection and Use of Personal Information**

See Revised
Privacy Act
Statement

~~Sections 205(a) and 205(c)(2) 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 your claim.~~

~~We will use the information to determine your eligibility for benefits. We may also share your 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(1)(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 contractors and other Federal agencies, as necessary, for the purpose of assisting the 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, as published in the Federal Register (FR) on January 11, 2006 at 71 FR 1819, and 60-0089, entitled Claims Folders System, as published in the FR on April 1, 2003 at 68 FR 15784. Additional information and a full listing of all our SORNs are available on our website at <https://www.ssa.gov/privacy>.~~

~~**Paperwork Reduction Act Statement** - This information collection is required by 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. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions.~~

~~**Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.~~