

**Justification for the Non-Substantive Change to the Supporting Statement for SSA-820-BK
Work Activity Report - Self-Employment
20 CFR 404.1520(b), 404.1571-404.1576, 404-1584-404.1593, and 416-971-416.976
OMB No. 0960-0598**

Background:

Social Security Disability (SSDI) and Supplemental Security Income (SSI) applicants can become entitled to payments based on their inability to engage in substantial gainful activity (SGA) because of a physical or mental condition. In situations where a claimant reported self-employment (e.g., during an initial claim the claimant alleges work after the disability onset date, or reports working after becoming entitled to benefits), or in situations where SSA has identified potential income from self-employment via third parties (e.g., IRS reporting), SSA (typically the field office or program service center) uses Form SSA 820-BK to further evaluate whether the self-employment income indicates work at an SGA level.

To initiate the process, the field office or program service center will complete certain aspects of the form to reflect the income SSA believes the beneficiary may have earned, and the date range for which further information is required (e.g., onset date, date of last review, etc.). The questions on the SSA-820-BK are intended to learn more about the nature of the self-employment income, value of the work, and the time period of the work, to determine if the work constituted SGA. SSA may collect the information requested on this form in person, via a phone interview, by sending the form to the individual to complete, or through electronic submission (through our Upload Documents portal, OMB No. 0960-0830).

Since July 19, 2024 when we last received OMB approval for the renewal of Form SSA-820-BK, we have received public feedback on the form, requesting we clarify and streamline it to make it easier for respondents to complete. The revisions below reflect our streamlining efforts in response to these public comments.

Revisions to the SSA-820-BK:

- **Change #1:** On page 1, we are right aligning the header information, and centering the notice specific information (FO, Date, BNC, Address) under the mailer window.

Justification #1: We require this new format because of new and upcoming methods of distribution including eWCDR (new work CDR development tool) and the use of central print, which will require us to send these in dual-window envelopes. This new formatting allows for the address labels to show correctly in the dual windows.

- **Change #2:** On pages 1-2, we are revising the language of the opening paragraphs to the cover letter as follows:

- o **Current language:**

- “We are writing to you because we believe you may have recent work activity, and we need to know more about this work activity. Please tell us

about your work since. If you are applying for disability benefits, the information you provide will help us decide if you can receive benefits. If you are currently receiving disability benefits, the information you provide helps us decide if you can continue to receive benefits.”

o Revised Language:

One of Social Security’s top priorities is to support the efforts of applicants and beneficiaries with disabilities who are or who want to work. The Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs include several employment support provisions commonly referred to as work incentives, or special rules that help you to receive, or continue to receive benefits even if you are working. We need more information to see if any of these incentives apply to you. If you are just now applying for disability benefits, the information you provide helps us decide if you can receive benefits. If you are currently receiving disability benefits, the information you provide helps us decide if your benefits can continue.

Information about Work and Earnings

Our records show that you may have self-employment income.

Common types of self-employment include:

- Owning your own business, Sole Proprietorship/Corporation
- Owning a business with another person, Business Partnership
- Independent Contractor
- Freelancing for another business
- Gig Work, such as:
 - o Ride share driving services
 - o Food delivery services
 - o Internet content creator/influencer
 - o Musicians/Photographer/Artists
- Any job for which one receives form 1099-NEC instead of form W2 for IRS tax filing purposes.

The information we ask for includes:

- **Self-Employment History:** This includes the dates you worked, net earnings from self-employment, and any pay you received working as an independent contractor for another person or company (e.g., driver, delivery, consulting, etc.).

- **Special Self-employment Conditions:** If you receive free help in your business, we may be able to deduct the reasonable value of that help from your net income. Also, if another person, agency or business provides items or services to you, free of charge, we may be able to deduct the reasonable value of those items or services from your net income.
- **Work Expenses related to your disability:** If you are self-employed and have a disability, you may need certain items or services to assist you (e.g., co-pays for prescription drugs, medical device expenses, special transportation, counseling fees, expenses related to a service animal, etc.) ***Note: Do not include anything that you will include as a business expense on your annual tax return.***

Our records show that the following self-employment income was reported for you.,

<self-employment table>

We may ask for proof of any of the information you provide.

Justification #2: We are making these revisions to soften and simplify the language for better clarification. We are providing information to the beneficiary regarding the types of information we are asking for, examples of different types of self-employment, why we need the information, how we will use it, and we are providing a definition of work incentives.

- **Change #3:** On page 3 (page 1 of the current version of the form), we are revising the language in the “What You Need to Do” section as follows:
 - o **Current Language:**
“Please complete and return the form within 15 days to the address shown above. It is important to fill out the form carefully and completely. You may also submit this form online at <https://www.ssa.gov/forms/ssa-820.html>. Remember to sign and date the form. If you do not return this form, we will make our determination based on the evidence we have in our records.”
 - o **Revised Language:**
“Please complete and return this form **within 15 days**. It is important to fill out the form carefully and completely even if you receive additional forms requesting authorization to obtain wage and employment information from payroll data providers. If you do not return this form, we may make our decision based on the information we have in our records.”

Justification #3: We are revising this language to clarify that the information on this form is needed in addition to another document (i.e., Form SSA-8240, OMB No. 0960-0807) that may accompany this form.

- **Change #4:** On page 3 (page 1 of the current version), we are removing the “Some Information To Help You Complete This Form” paragraph.

Justification #4: Since we have moved this information to the initial paragraphs of the revised cover letter (See Change and Justification #2 above), we no longer need this section.

- **Change #5:** On page 3 (page 2 of the current version), we are removing the reference to SSA Pub No. 05-10095 from the Enclosures, as well as references to it on this page, and we are revising the language in the “For More Information” paragraph as follows:

- **Current Language:**

- “Please read the enclosed pamphlet: Working While Disabled: How We Can Help. It will tell you more about why we need to know about your work and will explain our rules about working. This pamphlet is also available at www.ssa.gov/pubs/EN-05-10095.pdf online”

- **Revised Language:**

- “Please read the pamphlet, “Working While Disabled: How We Can Help.” It will tell you more about why we need to know about your work and will explain our rules about working. This pamphlet is available online at www.ssa.gov/pubs/EN-05-10095.pdf. You may also visit www.choosework.ssa.gov or contact the Ticket to Work Help Line at 1-866-968-7842 (TTY 1-866-833-2967) to learn more about work incentives and find service providers who can explain how work can affect your benefits.”

Justification #5: We no longer require enclosure of this pamphlet. Also, we are providing additional links for information on wage reporting and work incentives.

- **Change #6:** On page 3 (page 2 of the current version), we are revising the language in the “Need More Help” paragraph as follows:

- **Current Language:**

- **“Need More Help?”**

- Visit www.ssa.gov for fast, simple, and secure online service. 2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call. 3. You may also call your local office at. How are we doing? Go to www.ssa.gov/feedback to tell us.”

- **Revised Language:**
 - **Need More Help?**

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at _____.

Justification #6: We are revising this language per the approved agency referral language for notice alignment.

- **Change #7:** On page 4 (page 3 of the current version), we are removing the “To Be Completed by SSA” section and adding “or SSN.”

Justification #7: The claimant/beneficiary or SSA technician may complete the name of the Claimant or Beneficiary, BNC# or SSN, and Blind indicator depending upon how the document is produced and distributed. We added SSN to accommodate electronic submission of the form.

- **Change #8:** On page 4 (page 3 of the current version), we are adding the following opening paragraph:

“We have information that you have been self-employed since your disability began, since your date of entitlement to benefits, or since your last work review. Please answer the questions below. This will help us decide if you can receive or continue to receive benefits, and if work incentives apply to you. Please provide information since the date shown below.”

Justification #8: This paragraph provides an explanation as to why we are requesting the information, which public commenters indicated would be helpful.

- **Change #9:** On page 4 (page 3 of the current version), we are adding the following sentence above the first set of questions: ***“If a date is not shown, please provide information for the last two years.”***

Justification #9: Depending upon how the document is produced and distributed this date cannot be prefilled. We added this language here and referenced it when applicable throughout the form to simplify form instructions, to conform with new production, delivery, and receipt systems, and to make the form easier to complete and less intimidating for the claimant or beneficiary.

- **Change #10:** On page 4 (page 3 of the current version), we are removing “To Be Completed By Person Applying for Or Receiving Benefits” and changed the title of this Section from “**Information**” to “**SELF-EMPLOYMENT INFORMATION.**”

Justification #10: As per Change #7 above, it is no longer necessary for us to request the respondent to distinguish who is completing this section. In addition, to make the form easier to understand, we have added Section Titles to the form, the first of which is the “**SELF-EMPLOYMENT INFORMATION**” section.

- **Change #11:** On page 4 (page 3 of the current version), we are changing Question 1 of the SELF-EMPLOYMENT INFORMATION section as follows:

- o **Current Language:**

“Have you had any self-employment income since the DATE shown above in the Identification section? (check one)

___ NO. If you did not work but income was reported for you, go to Question 2.

For a list of the income that was reported for you, please refer to page 1 in the section entitled Income Reported for You.

___ YES. Go to Question 3.”

- o **Revised Language:**

1. Have you engaged in any self-employment activity or had any self-employment income since the date shown in the **IDENTIFICATION** section, or within the last two years? (check one)

☐ **NO.** If you **were not self-employed**, , go to question 2.

☐ **YES.** If you have been self-employed, go to the **SELF-EMPLOYMENT INFORMATION** section, question 3A.

Justification #11: As per Change #9, since we are not always providing a date, we are revising the language in this question to clarify the expected time period from which SSA would like the information.

- **Change #12:** On page 4 (page 3 of the current version), we are changing Question 2 of the SELF-EMPLOYMENT INFORMATION section as follows:

- o **Current Language:**

“2. If you did not work, but income was reported for you, for each row on page 1 under the section Income Reported for You, please provide additional information about the income. If the income reported for you is an error, please explain in the Remarks section of the form. When you are finished go to the Signature section to complete the form.” <followed by a self-employment information gathering table>.

- o **Revised Language:**

“ 2. The information we have may include reports of other types of income for you even if you are not self-employed. Other types of income include income after your business closed, income from sale of the business, and disability pay/insurance. We may ask for verification of the income that has been reported.

Did you receive other types of income since the date shown above or within the last two years?

☐ **NO.** If you did not receive any other type of income and have not worked, please specify any possible source of reported income below, then go to the **SIGNATURE** section, complete, sign and return the form.

- ☐ **YES.** Tell us about that income below and then go to the **SIGNATURE** section, complete, sign and return the form.”

Justification #12: We received indications from both internal and external reviews of the form that this section is a pain point for respondents. Our assessment reported that some individuals do not understand why, or in some instances what, we are even asking this question. Therefore, we are making these revisions to address this pain point, make the form less intimidating, and simplify the completion of the form as well as provide better instruction and rationale for why SSA needs this information to the individual completing the form.

- **Change #13:** On page 4 (page 3 of the current version), we are adding a remarks section.

Justification #13: We are removing the general remarks section at the end of the form and replacing it with specific remarks sections throughout the form, as we believe this will make it easier for respondents to find and use the remarks sections as they need them close to the sections pertaining to the additional information (instead of including a listing of information at the end of the form).

- **Change #14:** On page 5 (page 3 of the current version), we are updating the language in question 3 as follows:

- o **Current Language:**

- “ 3. Please tell us about your work since the DATE shown in the Identification section.” <followed by self-employment information gathering table>.

- o **Revised Language:**

- “3. Please tell us about your self-employment since the date shown in the **IDENTIFICATION** section, or within the last two years. **If we have not already received proof of your income, we may ask you to submit it.**” <followed by self-employment information gathering table>.

Justification #14: We are updating this question to align with new form flow. See Change and Justification #9 above.

- **Change #15:** On page 5 (page 3 of the current version), we are revising the language in the table for #3 in which the beneficiary/claimant provides a check-mark to describe the type of self-employment information. As part of this revision, we are adding in the collection of a fax number, and several new categories of employment, including “Gig Work,” “Farm Landlord,” “Farm Tenant,” and “Other (Please explain below).” In addition, we are making identical changes to this table in all places it exists throughout the form.

Justification #15: Based on internal reviews and discussions with regional Subject Matter Experts, the additional collection of a fax number, defining and providing options

for self-employment hours worked, and providing choices for the Reason Work Ended would significantly assist with the development of work issue CDR's. We also added "Gig Work," "Farm Landlord," "Farm Tenant," and "Other (Please explain below)" as choices for types of self-employment income based on prior comments from Subject Matter Experts and the public. We provided a statement with examples of "Gig Work" to better explain this new category.

- **Change #16:** On page 6 (new mock-up version only), we are adding and repeating the information gathering table from new Question 3, and included the following language:

"If you have another type of self-employment or business arrangement, please continue here. If not, you may skip this section and go to question 4."

Justification #16: Increasingly, beneficiaries that have self-employment have more than one source. Per prior comments on this issue, we are providing a place to more easily capture that information in those cases.

- **Change #17:** On page 6 (new mock-up version only, but under #3 on page 3 of the current version), we are adding a remarks section.

Justification #17: We are removing the general remarks section at the end of the form and replacing it with specific remarks sections throughout the form, as we believe this will make it easier for respondents to find and use the remarks sections as they need them close to the sections pertaining to the additional information (instead of including a listing of information at the end of the form).

- **Change #18:** On page 7 (page 4 of the current version), we are removing question 4 and the associated information gathering table.
- **Justification #18:** We received indications from both internal and external reviews of the form that this section is a pain point for respondents. Our assessment reported that some individuals do not understand why, or in some instances what, we are even asking. In addition, many respondents just ignore this question altogether, as they note we also ask for additional information (i.e., the attachment of self-employment tax returns, etc.) which already provide this information to SSA. Therefore, we are removing this question and the associated chart to address this pain point, make the form less intimidating, and simplify the completion of the form as well as provide better instruction and rationale for why SSA needs this information (through the attachment of the tax returns, etc.) to the individual completing the form.
- **Change #19:** On page 7 (page 4 of the current version), we are renumbering Question 5 as Question 4A and adding a new Question 4B: "If you are currently self-employed, please provide an estimate of your expected income." We still including the table with Year, Gross, and Net under both Questions 4A and 4B, but simplifying it to only those three columns.

Justification #19: We are renumbering the old question as we removed Question 4 (see Change #18 above) and splitting it into two questions to enhance clarity for the respondents. We also anticipate that the simplification of the charts will also enhance clarity for the respondents. In addition, we expect the new Question 4B will allow for an estimate of expected income. We need this estimate and table to collect information to determine if the individual is currently working or is expected to have future earnings so that we can post the estimate to their record and monitor the case for future Social Security Disability Income SGA determinations and SSI income computations. Ultimately, we need this information to prevent overpayments. We expect that there will be times when the respondents do not need to fill in the new table at all (e.g., when they have stopped working self-employment). We also estimate it will take no more than one minute to fill out this table, therefore we are providing updated burden figures below (see section below with updated burden chart).

- **Change #20:** On page 8 (page 4 of the current version), we are adding new Question 5A, and renumbering Question 6 as Question 5B, and we are also minorly revising the language in the renumbered question. Finally, we are including a table in revised Question 5B.

- o New Question 5A, and revised Question 5B read as follows:

5A. Did anyone other than you have management responsibilities for any business shown in question 3 (i.e., a partner, employee, relative, or helper) since the DATE shown in the IDENTIFICATION section, or within the last two years?

☐ **NO.** Go to question 6A.

☐ **YES.** Go to question 5B.

5B. If someone other than you had management responsibilities for any business shown in question 3, please provide the following information:

[Table includes Business Name as show in question 3; Other individual's name(s); Their relationship to you; Hours per month THEY had management responsibilities (average); Hours per month YOU had management responsibilities (average); Other individual's address; Phone (include area code)]

Justification #20: We are creating the new Question 5A and separating this question into two parts for clarification purposes. In addition, we are also revising the numbers to align with our revisions to the questions above. We are adding an information gathering table to clarify the information requested and to make it easier for the technician to interpret and process the information. We do not expect it to take more than about a minute for the respondents to complete this table (if they need to).

- **Change #21:** On page 8 (new version only), we are adding a remarks section.

Justification #21: We are removing the general remarks section at the end of the form and replacing it with specific remarks sections throughout the form, as we believe this will make it easier for respondents to find and use the remarks sections as they need them close to the sections pertaining to the additional information (instead of including a listing of information at the end of the form).

- **Change #22:** On page 9 (page 5 of the current version), we are adding the section title “**WORK INCENTIVES**” above the next set of questions (formerly question 7, now questions 6A and 6B – see Change #23 below).

Justification #22: As mentioned above, we are retitling sections of the form for easier reference and to enhance the flow of the form.

- **Change #23:** On page 9 (page 5 of the current version), we are renumbering Question 7 as Questions 6A and 6B, splitting the question into two sections, and we are also removing the information gathering table from this question and replacing it with check boxes instead. Finally, we provided examples of special conditions in the question.

Justification #23: We are renumbering the question to align with revising numbering of the questions above it. In addition, we are splitting this question into two, adding the examples of special conditions or unsuccessful work attempts, and restructuring the language to increase readability and improve the flow of the form. Finally, we are removing the information gathering table and replacing it with questions that include check box responses to make it easier for respondents to answer. We do not anticipate any change in burden due to the replacement of the table with questions.

- **Change #24:** On page 9 (new version only), we are adding a remarks section.

Justification #24: As mentioned above, we are removing the general remarks section at the end of the form and replacing it with specific remarks sections throughout the form, as we believe this will make it easier for respondents to find and use the remarks sections as they need them close to the sections pertaining to the additional information (instead of including a listing of information at the end of the form).

- **Change #25:** On page 10 (page 5 of the current version), we are splitting Question 9 into two questions and renumbering it as Questions 7A and 7B.

Justification #25: We are renumbering this question to align with the revisions above. We are also restructuring the language to increase readability and improve the flow of the form.

- **Change #26:** We updated Question 8 (page 5 of the current version, page 8 of the new version) to solicit more specific information regarding unpaid business expenses, etc., and to explain why we are requesting the information. We are also including an information gathering table in this question. The revised question reads as follows:

o **Current Language:**

Has any person or organization contributed to or paid for any business expenses or provided any free help, items, or services related to your business since the DATE shown in the Identification section (For example: rent, supplies, inventory, purchase, repair of equipment, or an employee or helper that works for you for free)?

- NO. Go to Question 9.
- YES. Describe the expenses paid or items or services provided, their value of the contribution, and who provided them below.

o **Revised Language:**

When we determine your countable income, we may be able to deduct from your net income any business expenses which were incurred and paid by another person or agency.

Examples include business related rent, supplies, inventory, purchase or repair of equipment, or an employee or helper that works for you for free.

Has any person or organization (i.e., Vocational Rehabilitation or other State or local agency) contributed to or paid for business expenses or provided any free help, items or services related to your business since the date shown in the IDENTIFICATION section?

☐ **NO.** Please go to the **SIGNATURE** section, complete, sign and return the form.

☐ **YES.** Please explain below.

<Followed by an information gathering table ... Describe Contribution, Value of Contribution, Date(s) Paid, Continuing>

- **Justification #26:** We revised this question to explain why we are requesting the information. In addition, we included the table because formally, there was just a remarks section to collect the information we placed in the table. We believe the table gives the respondents a more guided approach to the collecting the information we need and makes it easier to fill out the information on the form. We expect it will take about a minute for the respondents to complete this table; therefore, we have updated the burden accordingly (see updated burden chart below).

- **Change #27:** On page 9 (new version only), we are adding a remarks section.

Justification #27: As mentioned above, we are removing the general remarks section at the end of the form and replacing it with specific remarks sections throughout the form, as we believe this will make it easier for respondents to find and use the remarks sections as they need them close to the sections pertaining to the additional information (instead of including a listing of information at the end of the form).

- **Change #28:** On page 10 (new version only), we are adding the section title “SIGNATURE.”

Justification #28: We are titling sections of the form for easier reference to and flow of the form.

- **Change #29:** On page 10 (new version only), we are revising the lead in language to the signature witness line.

Justification #29: We are revising this language for clarification purposes and to align with new language on the SSA-821-BK (OMB Control No. 0960-0059).

- **Change #30:** We are replacing the current SSA-820-APP, Adobe Sign eForm with a submittable PDF version of the SSA-820 available through eSignature/Upload Documents (OMB Control No. 0960-0830).

Justification #30: We account for the submission of the form through the eSignature/Upload Documents Portal version of the form under 0960-0830. To ensure we do not double-count the burden, we account only for the completion of the submittable PDF in our updated burden chart for 0960-0598 (see updated chart below).

SSA will implement these changes to this information collection upon OMB approval. Some of these revisions will increase the overall burden for this form by about 5 minutes per response. Therefore, we have updated the burden chart to show this anticipated increase. Please see updated burden chart below.

Revised Burden Information for 0960-0598, SSA-820-BK:

Due to some of the minor revisions we listed above, we have adjusted our burden information for this information collection.

The following burden chart shows the updated figures:

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Average Wait Time in Field Office or for Teleservice Centers (minutes)**	Total Annual Opportunity Cost (dollars)***
SSA-820-BK In Office	12,144	1	35	7,084	\$23.47*	21**	\$266,009***
SSA-820-BK Phone	36,428	1	35	21,250	\$23.47*	53**	\$1,253,955***

SSA-820-BK Returned Via Mail	49,895	1	45	37,421	\$23.47*	0	\$878,271***
SSA-820-BK Submittable PDF Version via Upload Documents (0960-0830)	1,533	1	45	1,150	\$23.47*	0	\$26,991***
Totals	100,000			66,905			\$2,425,226***

* We based this figure by averaging both the average DI payments based on SSA's current FY 2026 data ([Effect of COLA on Average Social Security Benefits](#)) , and the average U.S. worker's hourly wages, as reported by Bureau of Labor Statistics data ([Occupational Employment and Wage Statistics](#)).

**We based this figure on the average combined FY 2026 wait times for field offices (21 minutes) and for teleservice centers (53 minutes which includes the average speed of answer of 12 minutes as well as the average 41-minute wait time for a call back from an SSA technician), based on SSA's current management information data. This figure reflects both data from our systems and the data posted on our public facing website ([Social Security performance | SSA](#)) on the date we drafted this document. As the figures fluctuate daily, the wait times may be different on the website than they appear here. We continue to monitor our website and management information data on call back times to ensure we report updated figures when possible.

*** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. **There is no actual charge to respondents to complete the application.**

Note: The total burden reflected in ROCIS shows the additional totals for the field office and telephone call system wait times (for those ICs that require them) as well as the rough estimate of a 30-minute, one-way, drive time in our calculation of the time burden (for the respondents who respond via telephone interview), and a 30-minute learning cost. This is why the burden estimates on ROCIS do not match the chart above.