


# SSA-821 Conversational Form

- Select the secure VAL Alternate environment link to access the Upload Documents application:

<https://secureval.ssa.gov/eSubmit/upload-documents-ui-alt/start>

- Select "Sign in with FIS Simulator":

 Social Security

### Sign In or Create an Account

By signing in or creating an account, you agree to the [Privacy Act Statement and Terms of Service](#).

If you already have a Login.gov or ID.me account, do not create a new one. You can use your existing account to access Social Security services.

[Sign in with LOGIN.GOV](#)

[Sign in with ID.me](#)

[Create an account with Login.gov](#)

[Create an account with ID.me](#)

[Account Help and Support](#)

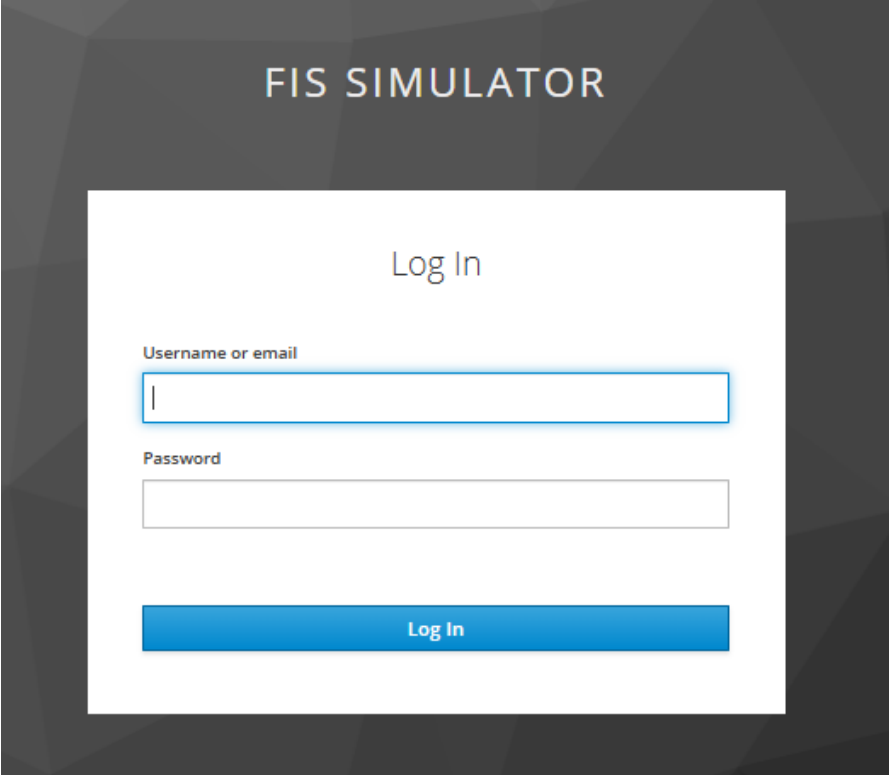
[Sign in with FIS Simulator](#)

[External Site Disclaimer](#)

OMB No. 0960-0789 [Privacy Policy](#) [Accessibility Help](#)

Provide Username and Password and click Log In:

- Username: **myssa+T2OVERPAY10@ssa.gov**
- Password: **1Newpass!**



The image shows a login interface for the FIS SIMULATOR. The title "FIS SIMULATOR" is at the top. Below it is a "Log In" heading. There are two input fields: "Username or email" and "Password". A blue "Log In" button is at the bottom.

FIS SIMULATOR

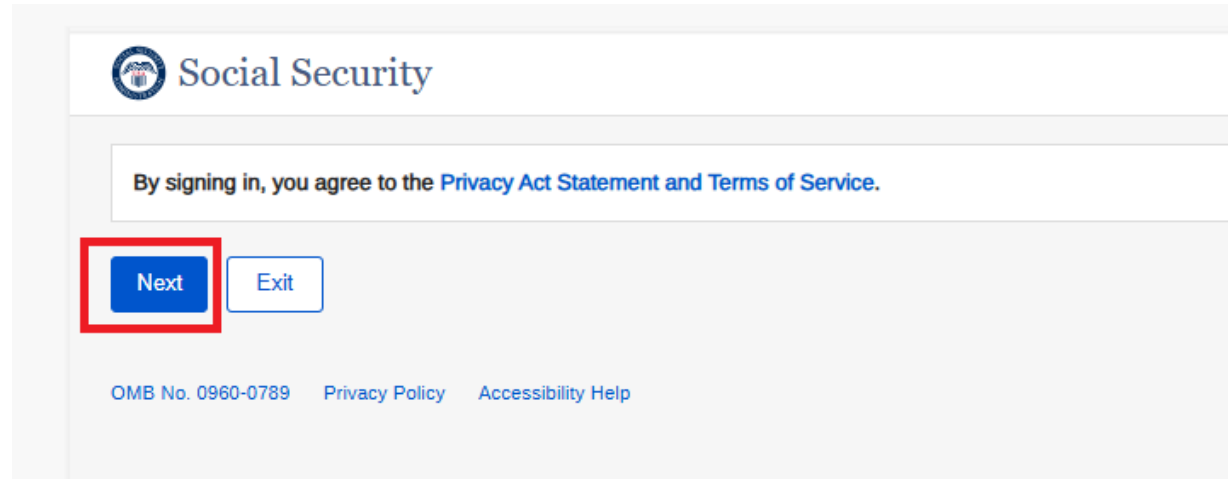
Log In

Username or email

Password

Log In

Click “Next”:



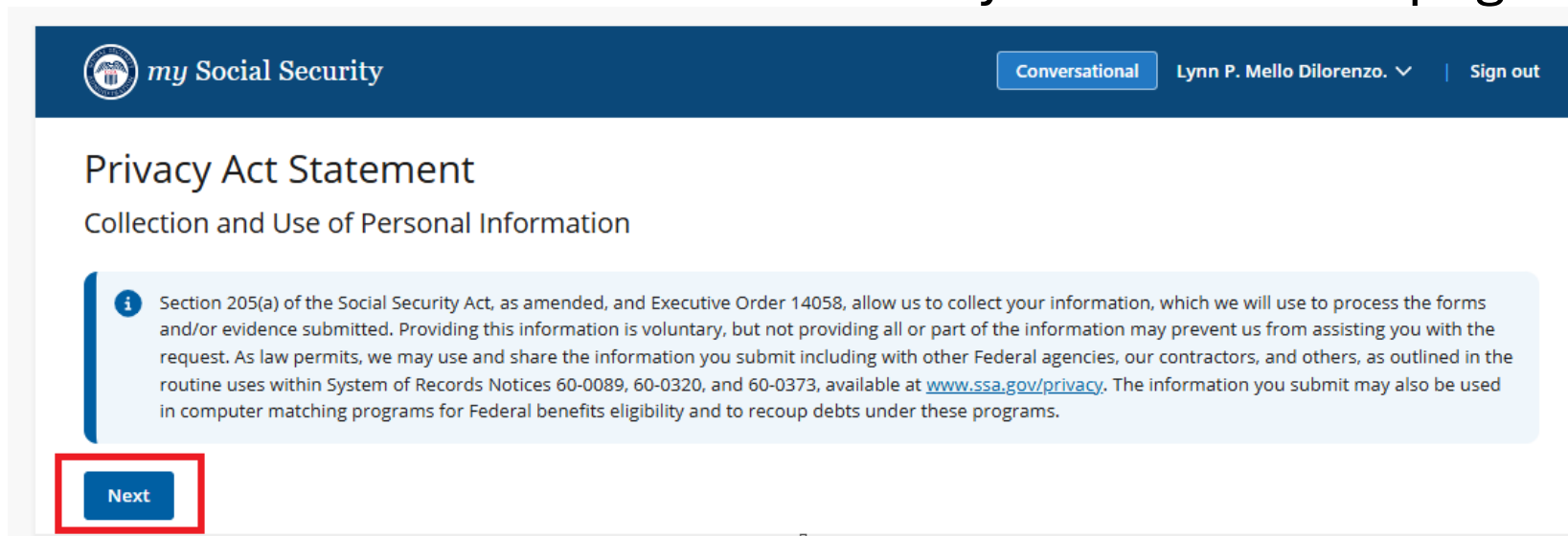
Social Security

By signing in, you agree to the [Privacy Act Statement and Terms of Service](#).

**Next** Exit

OMB No. 0960-0789 [Privacy Policy](#) [Accessibility Help](#)

Click “Conversational” on the Privacy Act Statement page:



**my Social Security** Conversational Lynn P. Mello Dilorenzo. ▾ Sign out

## Privacy Act Statement

### Collection and Use of Personal Information

**i** Section 205(a) of the Social Security Act, as amended, and Executive Order 14058, allow us to collect your information, which we will use to process the forms and/or evidence submitted. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit including with other Federal agencies, our contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089, 60-0320, and 60-0373, available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

**Next**

Welcome, Lynn!



You are representing Jane Doe

Here's a quick look at your submissions and anything that needs your attention.

Action Needed

- Form SSA-8011-F3 Statement ... Expires March 28, 2026 - 4d left Respond
- Medical Records Needed Expires April 15, 2026 Respond
- Form SSA-8552 Interview Con... Expires March 30, 2026 - 6d left Respond
- Form SSA-827 Needed Expires April 20, 2026 Respond
- Form SSA-455 Needed Expires April 1, 2026 Respond
- Continuing Disability Review Due Expires May 1, 2026 Respond

Pick Up Where You Left Off

- 62% Disability Update Report Expires April 1, 2026 Continue
- 25% Continuing Disability Review Report Expires April 9, 2026 Continue
- 80% Application for Child's Insurance Benefits Expires April 20, 2026 Continue

What can we help you with?

Find the right form, upload a supporting document, or tell us what you need - we'll guide you from here.

821 Search

Forms matching "821"

**WORK ACTIVITY REPORT**  
**Work Activity Report - Employee**  
SSA-821  
Report work activity when receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

Complete Online  
Upload

Landing Page

Expanded View

- Select Form SSA-821
- For Complete Online, go to slide 8
- For Upload option, go to slide 7

## Upload Your Documents

File tips

Drag and drop your files here, or [click to browse](#)

PDF, JPG, DOC, GIF, BMP, TIFF, XLS and more · Max 25 MB per file · Up to 50 files

Attached Files (1)



WebForms Form Field Validation Rules.xlsx

142.6 KB · XLSX



Next

Cancel

1

UPLOAD

2

DESCRIBE

3

REVIEW

4

CONFIRMATION

## Other Sections in the Welcome page:

- Quick Upload
- Your Submission History
- Privacy Act Statement

### Your Submission History

Below are submissions and documents you've previously sent to us. You can view or download a copy of each.

Search history...

Submission	Date Submitted	Status	Actions
<b>Disability Update Report</b> SSA-455	January 12, 2026 8:25 AM (EST)	Completed	
<b>Authorization to Disclose Information</b> SSA-827	December 5, 2025 2:14 PM (EST)	Completed	
<b>Continuing Disability Review Report</b> SSA-454-BK	November 20, 2025 10:42 AM (EST)	Completed	

Showing 1 - 3 of 4

### Privacy Act Statement — Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, and Executive Order 14058, allow us to collect your information, which we will use to process the forms and/or evidence submitted. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit including with other Federal agencies, our contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089, 60-0320, and 60-0373, available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

### Need Help?

Not sure what you need? Try our [SSA Assistant](#) or call 1-800-772-1213 (TTY 1-800-325-0778).

## + What can we help you with?

Find the right form, upload a supporting document, or tell us what you need - we'll guide you from here.

821

Search

### Forms matching "821"

#### WORK ACTIVITY REPORT

##### Work Activity Report - Employee SSA-821

Report work activity when receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

Complete Online

Upload

my Social Security

Conversational Lynn P. Mello Dilorenzo Sign out

### Work Activity Report - Employee (SSA-821)

- Prepare and Upload
- Review and Submit
- Confirmation

#### Work Activity Report - Employee (SSA-821)

Ready to submit your Work Activity Report - Employee (SSA-821)? Upload your completed form below - we'll walk you through the rest.

**Don't have the form yet? No problem.**  
Download a blank copy, fill it out on your computer or print and complete it by hand, then come back here to upload it.  
[Download Work Activity Report - Employee \(SSA-821\)](#)

File tips

Drag and drop your files here, or click to browse  
PDF, JPG, DOC, GIF, BMP, TIFF, XLS and more - Max 25 MB per file - Up to 50 files

Attached Files (1)

WebForms Form Field Validation Rules.xlsx  
142.6 KB - XLSX

Review Back to Submissions

my Social Security

Conversational Lynn P. Mello Dilorenzo Sign out

### Work Activity Report - Employee (SSA-821)

- Prepare and Upload
- Review and Submit
- Confirmation

#### Review and Submit

Almost there! Please take a moment to double-check the information below and make sure you've uploaded the right documents before submitting.

Your Documents

Document(s) Uploaded [Edit](#)

All documents are converted to PDF format for preview. If applicable, the preview will not display your signature or the date signed until the documents are submitted.

Document Name	Document Preview
WebForms Form Field Validation Rules.xlsx	

Document Details

Document Type: SSA Form
Form: Work Activity Report - Employee (SSA-821)

Submit Previous Back to My Submissions

my Social Security

Conversational Lynn P. Mello Dilorenzo Sign out

### Work Activity Report - Employee (SSA-821)

- Prepare and Upload
- Review and Submit
- Confirmation

#### Confirmation

Your document has been submitted successfully.

You provided the following for Work Activity Report - Employee (SSA-821):

- WebForms Form Field Validation Rules.xlsx

- All documents are converted to PDF format for our records.
- If additional information is required, we will contact you.
- A confirmation receipt will be sent to your [Message Center](#) inbox. Please note that delivery times may vary.

Back to My Submissions

## Upload option:

- Upload your file(S)
- Select Review
- Select Submit
- View Confirmation page

- 1 Your Identification
- 2 Income Information
- 3 Employment History
- 4 Work Incentives and Special Conditions
- 5 Disability-Related Work Expenses
- 6 Additional Evidence
- 7 Review and Submit
- 8 Confirmation

### Your Identification

Overall Progress: 0%

Let's fill this out together, John Q. Public.

You have selected the **Work Activity Report - Employee (SSA-821)** to give Social Security information about your work activity. This form helps us decide if you can receive or continue to receive disability benefits, and if work incentives apply to you.

Please complete the form accurately and submit it promptly. We've pre-filled some of your information to make the process faster.

Please confirm if these details are correct or update them if needed.

Name  
**John Quincy Public**

Social Security Number  
**XXX-XX-6789**

View Information

Estimated Time  
30-40 minutes to complete

Auto-Save  
Your progress is saved automatically

Secure  
Your information is protected

#### What you'll need to provide:

- Your identification
- Income information
- Employment history
- Work incentives & special conditions
- Disability-related work expenses
- Signature & contact info
- Additional evidence & supporting documents

#### Privacy Act Statement — Collection and Use of Personal Information

Sections 223(d) and 1633 of the Social Security Act, as amended, allow us to collect this information, which we will use to determine benefits eligibility. Providing this information is voluntary, but not providing all or part of the information may prevent us from making an accurate and timely decision on your claim and benefit payments. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notices 60-0069 and 60-0320, available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.



Get Started

Back to My Submissions

Select "Get Started"

## Work Activity Report - Employee SSA-821

1 Your Identification

2 Income Information

3 Employment History

4 Work Incentives and Special Conditions

5 Disability-Related Work Expenses

6 Additional Evidence

7 Review and Submit

8 Confirmation

### Your Identification

Overall Progress: 18%

#### What's your name?

We have filled in these details for you based on our records.

John

Quincy

Public

#### What's your Social Security Number?

We have filled in these details for you based on our records.

XXX-XX-6789

#### Do you have a blindness condition?

This helps us determine which work incentives may apply to you.

Blind

Not Blind



Next

Back to My Submissions

- Select “Blind” or “Not Blind” option
- Select “Next”

- ✔ Your Identification
- ✔ **Income Information**
- ③ Additional Evidence
- ④ Review and Submit
- ⑤ Confirmation

### Income Information

Overall Progress: 28%

➤ Have you had any employment income or wages since your disability began, since we last reviewed your work activity, or since February 15, 2026? ⓘ

ⓘ Include any money you earned from working for an employer, even part-time or temporary work.

➤ Did you receive any other types of income since your disability began, or since we last reviewed your work activity? ⓘ

ⓘ Even if you didn't work, we may have received reports of income for you. Other types of income include back pay, vacation pay, sick pay, disability pay/insurance, and workers' compensation.

➤ Which types of other income did you receive? ⓘ

ⓘ Mark all that apply. We may contact you for more information about the income that was reported.

Back Pay  Vacation Pay  Sick Pay

Disability Pay/Insurance  Workers' Compensation  Other

➤ Tell us more about the income you received. ⓘ

ⓘ Include the employer name, amount, date(s) paid.

- 
- 
- 

### Income Information page

- **Select your options**
- **Select “Next”**

- ✓ Your Identification
- ✓ Income Information
- 3 Employment History**
- 4 Work Incentives and Special Conditions
- 5 Disability-Related Work Expenses
- 6 Additional Evidence
- 7 Review and Submit
- 8 Confirmation

### Employment History Overall Progress: 28%

**Is this your latest employment history?**

We found some employment history on file for you. Take a quick look below - if everything looks right, just hit Next. If anything has changed, you can edit it.

Here's what we have -- does this look right?

Employment Details

<b>1</b> Employer: <b>Chesapeake Brewing Co.</b> Supervisor: <b>Linda Torres</b> Contact Numbers: <b>(410) 555-7890</b> Address: <b>800 Key Highway Baltimore Maryland 21230</b> <a href="#">Show more (4 more)</a>	<b>2</b> Employer: <b>Harbor City Market</b> Supervisor: <b>Marcus Reeves</b> Contact Numbers: <b>(443) 555-6321 / Fax: (443) 555-6322</b> Address: <b>215 Eastern Avenue Baltimore Maryland 21202</b>
---	---

[Edit Information](#)

- Next**
- Back
- Back to My S

**i Just so you know**

Any changes you make here will only apply to this form submission. They won't update your information on file with Social Security.



If you need to update your personal details with SSA, you can do that separately through [your my Social Security account](#).

**Got it, continue**   **Cancel**

- Employment History page**
- **Select “Edit Information” button**
  - **“Just so you know” popup page displays**
  - **Select “Next” to go the next page**

Tell us about each employer you've worked for since your disability began, since we last reviewed your work activity, or since February 15, 2026.

Start with your most recent employer. If we haven't already received proof of your income, we may ask you to provide it.

#	Employer	Supervisor	Job Title	Start Date	End Date	Actions
1	Chesapeake Brewing Co.	Linda Torres	Warehouse Associate	03/10/2024	Present	 
2	Harbor City Market	Marcus Reeves				

[Add Another Entry](#)

### + Adding a new entry

What is the employer's name?

[Cancel](#) [Next](#)

Besides your regular wages, did you receive any other types of income from your employer(s)?

We only count income directly related to your work. Deductions include sick pay and vacation pay. Additions include tips and bonuses.

[Yes](#) [No](#)

## Employment History page

- Select “Edit Information” button
- “Add Another Entry”
- Select “Next” to go the next page

Which other types of income did you receive from your employer(s)?

Mark all that apply.

<input checked="" type="checkbox"/> Sick Pay	<input type="checkbox"/> Disability Pay	<input checked="" type="checkbox"/> Vacation Pay
<input type="checkbox"/> Bonus	<input type="checkbox"/> Tips	<input type="checkbox"/> Workers' Compensation
<input type="text" value="Other"/>		

Tell us more about this additional income.

Include the employer name, amount, and date(s) paid.

[Next](#) [Back](#) [Back to My Submissions](#)

- Your Identification
- Income Information
- Employment History
- Work Incentives and Special Conditions**
- Disability-Related Work Expenses
- Additional Evidence
- Review and Submit
- Confirmation

**Work Incentives and Special Conditions** Overall Progress: 40%

- 1
- 2
- 3
- 4

**Do you get extra support, easier work, or more time to complete tasks because of your disability?**

Social Security has work incentives that may allow you to work and still receive disability benefits. When we review your earnings, we may be able to deduct income that isn't directly related to your work, or that you use to pay for items or services related to your disability. Having extra support on the job may also mean we don't count part of your earnings when deciding if you're eligible for benefits.

**Do you need help completing your job duties because of your disability?**

For example, this could include a job coach, extra assistance from a co-worker, or close supervision from your employer.

**Great — for each employer, let's get a contact person we can reach out to.**

Add one entry per employer. Pick an employer and we'll suggest your supervisor's name as the contact — you can change it if someone else is better.

**Which employer provides this support?**

Chesapeake Brewing Co.

**Adding a new entry**

Which employer provides this support?

Chesapeake Brewing Co.

**Adding a new entry**

Who's the best person to contact at this employer?

Linda  Torres

We've pre-filled your supervisor's name — feel free to update it if someone else is better.

### Employment History page

- **Select “Edit Information” button**
- **“Add Another Entry”**
- **“Select “Next” to go the next page**

**Do you have fewer or easier job duties than most people doing the same type of work?**

For example, you might have a lighter workload, fewer responsibilities, or tasks that have been specially adapted for you because of your disability.

- 
- 
-

- ✓ Your Identification
- ✓ Income Information
- ✓ Employment History
- 4 Work Incentives and Special Conditions
- 5 Disability-Related Work Expenses**
- 6 Additional Evidence
- 7 Review and Submit
- 8 Confirmation

### Disability-Related Work Expenses

Overall Progress: 57%

**Did you pay out of pocket for anything related to your disability that you needed in order to work?**

*We may be able to deduct these expenses from your gross wages when deciding if you're eligible for benefits. Examples include medicines or co-pays, medical devices, special transportation, service animals, attendant care, or specialized equipment. We cannot count expenses reimbursed by Medicare, Medicaid, insurance, or another person.*

### Tell us about each expense.

*Include recurring expenses too. If the expense was related to an impairment or service was related to an impairment.*

#	Item/Service	Type
1	medication	One-time

### Employment History page

- Select "Add Another Entry"
- "Select "Next" to go the next page"

#### Adding a new entry

Describe the item or service

Example: Medication

#### Adding a new entry

How much did it cost?

\$

#### Adding a new entry

Which best describes this expense?

One-time  Ongoing (currently continues)

Recurring, but has ended

#### Editing your entry

When did you pay for it?

Work Activity Report - Employee SSA-821

✓ Your Identification

✓ Income Information

3 Additional Evidence

4 Review and Submit

5 Confirmation

### Additional Evidence

Overall Progress: 28%

## Additional Evidence

Providing as much relevant documentation as possible can help avoid delays.

**i** For this submission, we recommend you upload the following documents to help us verify the information you provided:

- Pay stubs
- Earning statements
- Employer statements
- Work schedules
- Job descriptions
- Other relevant documentation

**i** File tips ▾



Drag and drop your files here, or [click to browse](#)

PDF, JPG, DOC, GIF, BMP, TIFF, XLS and more · Max 25 MB per file · Up to 50 files

Review

Back

Back to My Submissions


- Upload any additional evidence
- Select “Review”

## Work Activity Report - Employee SSA-821


- ✓ Your Identification
- ✓ Income Information
- ✓ Additional Evidence
- 4 Review and Submit**
- ⌂ Confirmation

## Review and Submit

Overall Progress: 99%

 Review Your Submission

Please review all information before submitting.

✓ Your Identification 

What's your name?


John Quincy Public

What's your Social Security Number?

XXX-XX-6789

Do you have a blindness condition?

Not Blind

✓ Income Information 

Have you had any employment income or wages since your disability began, since we last reviewed your work activity, or in the last two years?

No

Did you receive any other types of income since your disability began, or since we last reviewed your work activity?



Yes

Which types of other income did you receive?

Vacation Pay

Tell us more about the income you received.

Received vacation pay that I did not use.


✓ Additional Evidence  Looks like you haven't uploaded any supporting documents. That's okay - if you don't have anything to add, you're all set! If you do have documents you'd like to include, click **Edit** above to upload them before submitting.

## ✓ Document Preview

The document preview will not show your signature and date signed until the document is submitted.

Document Name

Document Preview

 SSA-821 Work Activity Report - Employee.pdf

Submit

Back

Back to My Submissions

## Review and Submit page

- Review all information and edit them if needed
- Review the Document Preview
- Select “Submit”

# Confirmation page

Confirmation is not currently available