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?	☐ Yes ☐ No

10. Give the basis for your knowledge of the amounts shown above (RESPONSE REQUIRED IN ALL CASES)

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.

Date:	Name of person completing the form:

Privacy Act Statement
Collection and Use of Personal Information

Section 205(a) and 205(c)(2) of the Social Security Act, as amended, allow us to collect this information, which we will use to determine your eligibility for benefits. Providing this information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on your claim. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Record Notices 60-0059, and 60-0089, available at 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.

Paperwork Reduction Act Statement - This information collection meets 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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:*** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*