

WORK ACTIVITY REPORT (Self-Employed Person)

Name of disabled person	<input type="checkbox"/> Blind <input type="checkbox"/> Not Blind	Social Security Number
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Name of W/E (If other than disabled person)	Social Security Number
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PAPERWORK/PRIVACY ACT NOTICE

The information requested on this form is authorized by Section 223 and Section 1632 of the Social Security Act. The information provided will be used in making a decision on your claim. While completion of this form is voluntary, failure to provide all or part of the requested information could prevent an accurate and timely decision on your claim and could result in the loss of benefits. Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal law requiring the exchange of information between Social Security and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

Please use this form to describe your work activity since (Date disability began or, if later, date of prior investigation) →	1. Date (to be entered by SSA)
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ANSWER EACH QUESTION AS FULLY AS POSSIBLE

2.	A. List name and address of business (include zip code)
	B. Please Check if <input type="checkbox"/> Farm <input type="checkbox"/> Non-Farm
	C. Briefly indicate the primary product or service

3.	A. Describe the business in terms of arrangement and /or ownership (Check one) <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Farm Tenant <input type="checkbox"/> Farm Landlord																																				
	B. Give your monthly self-employment income since the above date (average if not sure)																																				
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Month</th><th>Year</th><th>Gross</th><th>Net</th><th>Month</th><th>Year</th><th>Gross</th><th>Net</th><th>Month</th><th>Year</th><th>Gross</th><th>Net</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>	Month	Year	Gross	Net	Month	Year	Gross	Net	Month	Year	Gross	Net																								
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3.	C. List any months in which you earned more than \$200.00 or worked more than 40 hours in your business since the date shown in item 1.
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4.	A. Describe (briefly) what you did in the business in terms of management decisions, responsibilities, hours, production and services before your illness or injury.
	B. Was this business your sole livelihood prior to your illness or injury? <input type="checkbox"/> YES <input type="checkbox"/> NO

5.	Please describe your present work activities and any changes in your business because of your illness or injury. Explain such things as reduced hours of business, lower volume, fewer acres under cultivation or other. (If you use extra help, write "extra help" here and provide the details when you get to item 9).
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