## SELF-EMPLOYMENT/CORPORATE OFFICER QUESTIONNAIRE

PRIVACY ACT NOTICE: This report is authorized by law under Section 203 of the Social Security Act. While your response is voluntary, your cooperation is needed to assure a correct determination of the amount of Social Security benefits due you. We would give out the facts on this form without your consent only in certain situations. For example, we give out this information if a Federal law requires us to or if your Congressman or Senator needs the information to answer questions you ask them.

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 20 minutes to read the instructions, gather the necessary facts, and answer the questions.

We are required to verify retirement allegations and establish the amount of an individual's actual earnings.

You may be required to submit individual tax returns, corporate tax returns, corporate minutes and resolutions, bill of sale or transfer documents to substantiate your statements.

Please complete the following questions. Any question which is not applicable to you or your situation, please mark N/A.

ME	SOCIAL SECURITY NUMBER
rt A Your Work and Earnings	
Describe the change in your employment situation. For example, transfer or sale of business, etc.	ample, reduction in salary, working fewer
NOTE: If you transferred or sold the business, please comp	olete Part C.
Effective date of the change reported in Question 1 above	
Please give the name, address, phone number and type of	business.
NAME	·
ADDRESS	
PHONE	<u> </u>
TYPE OF BUSINESS	

4.	Is the business incorporated?				
	f so, date of incorporation.				
	Vere you a corporate officer, or related to a corporate officer?				
	TE: If you were a corporate officer or related to a corporate officer, please complete Part B.				
	How many employees work in the business?  FULL TIME PART TIME				
	FULL TIME PART TIME				
6.	List the duties which you performed in the business prior to the date shown in Item 2 on previous page. Please include the number of hours worked (both at the place of business and away), your specific responsibilities, decisions that you made, as well as tasks that you performed.				
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	· · · · · · · · · · · · · · · · · · ·				
	(Continue on separate sheet, if required)				
7.	Describe your duties after the date in Question 2 on previous page. Please include the number of hours that you work, decisions that you make, any consultation provided, and authority that you still hold, i.e., signing of checks, dealing with other businesses as a representative of the business, making decisions, etc. Describe how your responsibility has changed since the date in Item 2.				
	(Continue on separate sheet, if required)				

ho has takeı	n over your former duties	?			
AME		RELATIONSHIP TO	YOU		
ATE HIRED	PRIOR EXPERIENCE				
RIOR SALARY		CURRENT SALARY			
tions 9 and	10 refer to Income which	you received <u>prior</u> to the c	hange in your work	activities.	
			your work		
you receive	ed any other income from	the business, please indica	te by type and <u>amo</u>	unt below:	
DIVIDENDS		RENT	RENT		
		BONUSES	BONUSES		
EPAYMENT OF	LOANS	EXPENSE ACCOUN	EXPENSE ACCOUNT		
THER (Please s	pecify)	I			
	<u>·</u>		-		
tions 11 and	I 12 refer to income which	ch you expect to receive aft	er the change in vo	ur work activities	
ork activitie	s?	om the business, please inc			
N/IDENIDO					
EPAYMENT OF	LOANS	EXPENSE ACCOUN	EXPENSE ACCOUNT		
THER (Please s	pecify)	•			
			١		
		<del></del>			
BAnswer th	ne Following Questions C	Only If the Business Was Inc	orporated		
tions 1 and	2 refer to the period befo	ore the change in your work	activities.		
hat was you	ır position in the corpor <b>a</b> t	tion?			
mplete the	following information reg	arding corporate officers:			
	NAME	RELATIONSHIP TO YOU	SALARY	PERCENTAGE OF STOCK OWNED	
RESIDENT					
CE-PRESIDENT	Г				
ECRETARY					
REASURER			<u> </u>		
	ATE HIRED  RIOR SALARY  tions 9 and ow much dictivities?  YOU receive ALARY  VIDENDS  PAYMENT OF THER (Please s  ALARY  VIDENDS  PAYMENT OF THER (Please s  THER (Please s	AME ATE HIRED PRIOR EXPERIENCE RIOR SALARY  tions 9 and 10 refer to Income which ow much did you earn in self-employitivities?  you received any other income from ALARY  VIDENDS  THER (Please specify)  tions 11 and 12 refer to income which ow much do you expect to earn in sork activities?  you will receive any other income from ALARY  VIDENDS  THER (Please specify)  S-Answer the Following Questions Contact was your position in the corporate of the period before the following information regions of the period before the period before the following information regions of the period before the p	ATE HIRED PRIOR EXPERIENCE  RIOR SALARY CURRENT SALARY  tions 9 and 10 refer to Income which you received prior to the change in tivities?  you received any other income from the business, please indicated and the prior of the change in tivities?  YUDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  THER (Please specify)  THER (Please specify)  RENT  VIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  VIDENDS BONUSES  THER (Please specify)  RENT  VIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  VIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  RENT  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  RENT  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  RENT  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  RENT  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  RENT  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  THER (Please specify)  RENT  WIDENDS BONUSES  EXPENSE ACCOUNT  RENT  RENT  WIDENDS BONUSES  RENT	AND PRIOR EXPERIENCE  RIOR SALARY  CURRENT SALARY  COUNTY  RENT  RENT  RENT  CURRENT OF LOANS  EXPENSE ACCOUNT  CHER (Please specify)  COUNTY  COUNTY	

3. Is anyone re than salary?		or marriage receiving any remund	eration from the cor	poration other
If yes, indicate	ate the type of remun	eration and amounts:		
Duestions 4 an	d 5 refer to the perior	d after the change in your work a	ctivities	
	r current position in the		CHVINOS.	
5. Complete th	e following informatio	on regarding corporate officers:		
	NAME	RELATIONSHIP TO YOU	SALARY	PERCENTAGE OF STOCK OWNED
PRESIDENT		_		
VICE-PRESIDE	:NT			
SECRETARY				
TREASURER			• ,	
-				
Who determ officers?	ines what payments (	(e.g., salary, dividends, etc.) will	be made to the corp	porate
-	 Title			
	<del></del>	ou Have Sold Or Transferred Own	nership Of the Busin	es <b>s</b>
	RANSFER OF BUSINES			
1. What is t	the date of the transfe	er?		_
	•	on(s) to whom the business or far	m (or interest in the	same) was
3. Is the inc		related to you by blood or marria	ge?	
4. Is there a	ı bill of sale, rental ag	reement, or other transfer docum	ent?	YES NO
a. Has tl	ne above transaction l	been recorded?		YES \( \square\) NO
b. If yes	, where?			
·	5. Will you participate in any capacity in the operation of the business or farm after the transfer? YES NO			
If yes, h	ow?			
6. What prid	_	or partner pay for the transferred		
		nder the transfer arrangement, su		of the business
		the income?		

REMARKS:	
<del> </del>	
<del>-</del> .	
I know that anyone who makes or causes to be made a falsapplication or for use in determining a right to payment und punishable under Federal law and/or State law. I affirm that true.	er the Social Security Act commits a crime
Signature of Person Making Statement	
SIGNATURE (FIRST NAME. MIDDLE INITIAL. LAST NAME)	DATE (MONTH, DAY, YEAR)
MAILING ADDRESS	PHONE (INCLUDE AREA CODE)
CITY AND STATE	ZIP CODE