



## 2018 POD Monthly Earnings & IRWE Reporting Form

Participants in the Promoting Opportunity Demonstration (POD) report their earnings monthly to the POD project. Participants who have impairment-related work expenses (IRWEs) that exceed the POD threshold (\$850 in 2018) for a given month should also report these expenses. To report your information **electronically**, go to: **portal.ssapod.org**. To report your information by **mail or fax**, please provide the information below and complete the four steps listed on this form.

|                        |                     |                                    |
|------------------------|---------------------|------------------------------------|
| <i>First Name</i>      | <i>Last Name</i>    | <i>Month and Year of Birth</i>     |
| 2018                   | ( )                 | Cell Home Work <i>(circle one)</i> |
| <i>Reporting Month</i> | <i>Phone Number</i> |                                    |

*Mailing Address (Street, City, State and Zip code)*

|                     |    |                                  |
|---------------------|----|----------------------------------|
| <i>POD Study ID</i> | OR | <i>Last 4 Digits of Your SSN</i> |
|---------------------|----|----------------------------------|

- Step 1:** Collect your paystubs with pay dates paid within the reporting month listed above. If you are self-employed, please determine or estimate your total profit for the reporting month.
- Step 2:** List your earnings for the reporting month in the table below, using one line per employer. If you are self-employed, list the name of the job or business as your employer in the table.
- Step 3:** Collect the receipts for your IRWEs you paid for in the reporting month. If the sum of your IRWEs is greater than \$850, list your IRWEs in the table below, using one line per IRWE. **Please note:** You should not list any IRWEs if your total IRWEs are less than \$850 for the reporting month.

| Employer name/job or IRWE claimed | Total paid by employer or paid by you for the IRWE claimed |
|-----------------------------------|--|
|                                   | \$   |
|                                   | \$   |
|                                   | \$   |
|                                   | \$   |
|                                   | \$   |

- Step 4:** Return this completed form and documentation (all paystubs paid in the reporting month plus receipts for IRWE if you are reporting IRWEs greater than \$850) to the POD project by: (1) mail in the enclosed postage-paid envelope; or (2) fax at **956-217-8594**. **Please submit copies of your documentation, not originals.** In order for SSA to process your information timely, your envelope needs to be **postmarked by the 6<sup>th</sup> of the month following the reporting month.**

**Questions?** Please contact your POD work incentives counselor or the POD call center toll-free at **888-771-9188** if you have any questions about this form.

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

Section 234 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from participating in the Promoting Opportunities Demonstration (POD) project.

We will use the information you provide to manage your participation in the POD project and for research and statistical purposes. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
2. To a congressional office in response to an inquiry from that office made at the request of the subject of a record.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records for various purposes related to the agency's administration of Federal benefit programs, including recovering Federal benefit programs overpayments.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0218, entitled Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System; 60-0090, entitled Master Beneficiary Record; 60-103, entitled Supplemental Security Income Record and Special Veterans Benefits; 60-0094, entitled Recovery of Overpayments, Accounting, and Reporting, and 60-330, entitled eWork. Additional information and routine uses, and a full listing of all our SORNs, are available on our website at [www.ssa.gov/privacy/sorn.html](http://www.ssa.gov/privacy/sorn.html).

### **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 the questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0809; expiration date 11/30/2020. We estimate that it will take about 20 minutes to read the instructions, and answer the questions. You may send comments about our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401