Form Approved
Social Security Administration OMB No. 0960-0025

## PARTNERSHIP QUESTIONNAIRE (For Determination of Coverage Under Title II of the Social Security Act)

PAPERWORK/PRIVACY ACT NOTICE: The Social Security Administration is authorized to collect the information on this form under sections 205(b) and 205(c) of the Social Security Act. Giving us this information is voluntary. You do not have to do it, but we may not be able to pay benefits to you or pay the correct amount (or whatever) unless you give us this information.

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 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.

NOTICE—All items must be answered. If you need more space, continue in "REMARKS" on the reverse of this form or attach another sheet. If the Internal Revenue Service has ruled as to whether a partnership exists, please furnish a copy of the ruling. NAME OF FIRM NAME OF WAGE-EARNER OR SELF-EMPLOYED PERSON ADDRESS OF FIRM SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER THIS RELATES TO THE PERIOD: TO: FROM: When was the partnership formed? 1. What is the nature of the business? 2. If the partnership agreement is in writing, please submit a copy. (Include any changes or new agreements.) If the partnership agreement is not in writing, give a statement below of the arrangements between the partners as to their contributions, duties, responsibilities, rights, sharing of profits and losses, and dividing the business property when the arrangement ends. How much money or other property did each partner contribute to the business? Were the business books set up to show separate capital accounts for each partner? 6. What training and experience for the business does each partner have? What services does each partner perform in connection with the business? 8. How much time does each partner devote to the business? How are the profits or losses divided or shared?

10.	Enter below the amount shown as net earnings from self-employment from this business for each partner on U.S. partnership return or the individual income tax return for the last three years:					
	NAME OF PARTNER	TELEPHONE NO.	SOCIAL SECURITY NO.	•	TWO YEARS AGO	THREE YEARS AGO
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			//			
			//			
			/			
11.	Whose name or names appear or	the firm's:				
	<ul><li>a. truck or automobile licenses?</li></ul>					
	b. leases?					
	c. real property?					
	d. bank account?					
	e. business licenses and permits?					
	f. insurance policies? ———					
	g. business signs and advertisements?					
	h. bills?					
	i. letterheads? ———					
	j. orders for merchandise or supplies?					
	k. business contracts with others?					
12.	a. Who decides what purchases	to make?				
	b. Who decides what prices to charge?					
	c. Who decides what repairs or i to make?					
	d. Who decides who to hire and pay them?					
	e. Who decides when to borrow business?					
	f. Who decides what advertising	to do?				
13.	a. In what name does the firm fi	le Social Security to	ax returns for its e	mployees?		
	b. Who signs the returns? ———	<b></b>				
	c. What title does he/she use whe the returns?	nen signing				
REM	ARKS - (Use this space for explaining	ng any answers to the	questions. If you i	need more spac	ce, attach anoth	er sheet.)
	tify that all copies of contract ne best of my knowledge and		nts submitted he	erewith are t	rue, correct,	and complete
SIGNATURE			TITLE			DATE
STREET ADDRESS CITY		CITY		STATE		ZIP CODE