

will be used to verify, identify, and to provide replacement copies of Form SSA-1099/SSA-1042, which are needed to prepare Federal tax returns. This Internet option to request a replacement SSA-1099/SSA-1042 will eliminate the need for a phone call to a teleservice center or a visit to a field office. The respondents are beneficiaries who request a replacement SSA-1099/1042 via the Internet.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 7,000.

*Frequency of Response:* 1.

*Average Burden Per Response:* 5 minutes.

*Estimated Average Burden:* 583 hours.

II. The information collection listed below has been submitted to OMB for clearance. Your comments on the information collections would be most useful if received by OMB and SSA within 30 days from the date of this publication. You can obtain a copy of the OMB clearance package by calling the SSA Reports Clearance Officer at 410-965-0454, or by writing to the addresses listed above.

1. *Statement of Self-Employment Income—20 CFR Subpart B, 404.101, Subpart K, 404.1096—0960-0046.* The information collected on Form SSA-766 is used to determine if the individual will have at least the minimum amount of self-employment income needed for one or more quarters of coverage in the current year. Additional quarters of coverage may be credited on the basis of the information obtained, and benefits payments may be expedited where there are sufficient quarters of coverage to give the individual insured status. The respondents are self-employed persons applying for Social Security benefits.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 5,000.

*Frequency of Response:* 1.

*Average Burden Per Response:* 5 minutes.

*Estimated Annual Burden:* 417 hours.  
2. *Application For Special Age 72-or-Over Monthly Payments—20 CFR, Subpart D, 404.380-384—0960-0096.*

Form SSA-19-F6 is needed to determine if an individual is entitled to Special Age 72 payments. Eligibility requirements will be evaluated based on the data collected in this form. The respondents are individuals who attained age 72 before 1972.

*Type of Request:* Extension of an OMB-approved collection.

*Number of Respondents:* 10.

*Frequency of Response:* 1.

*Average Burden Per Response:* 20 minutes.

*Estimated Annual Burden:* 3 hours.

3. *Subpart T-State Supplementation Provisions—20 CFR 416.2095-2099—0960-0240.* Section 1618 of the Social Security Act contains pass-along provisions of the Social Security Amendments. These provisions require States that supplement the Federal SSI benefits to pass along Federal cost-of-living increases to the individuals who are eligible for State Supplementary benefit payments. If the State fails to keep payments at the required level, it becomes ineligible for Medicaid reimbursement under Title XIX of the Social Security Act. Regulations at 20 CFR 416.2099 require the States to report mandatory minimum and optional supplementary payment data to SSA. The information is used to determine compliance with the law and regulations. The respondents are States that supplement Federal SSI payments.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 26.

*Frequency of Response:* 15 states report quarterly, 11 states report annually.

*Average Burden Per Response:* 1 hour.

*Estimated Annual Burden:* 71 hours.

4. *You Can Make Your Payment by Credit Card—0960-0462.* SSA will use the information on Forms SSA-4588 and SSA-4589 to update the individual's Social Security record to reflect that a payment has been made on their overpayment and to effectuate payment through the appropriate credit card company. The respondents are Title II (Old-Age, Survivors, and Disability Insurance) and Title XVI (Supplemental Security Income) debtors; and citizens requesting material through SSA.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of respondents:* 19,000.

*Frequency of Response:* 1.

*Average Burden Per Response:* 5 minutes.

*Estimated Annual Burden:* 1,583 hours.

5. *State Vocational Rehabilitation Agency Claim (SSA-199-U2) and Subpart V—Payments for Vocational Rehabilitation Services—20 CFR Sections 404.2104, 404.2108, 404.2113, 404.2117, 404.2121, 416.2204, 416.2208, 416.2213, 416.2217—0960-0310.* The information collected on Form SSA-199-U2 and through these current rules is used by SSA to determine if State vocational rehabilitation agencies are providing appropriate services, including referrals when necessary, and whether those claims for services should be paid. The respondents are the 80-100 State vocational rehabilitation agencies and alternate participants who offer vocational and employment services for SSA beneficiaries.

*Type of Request:* Extension of an OMB-approved information collection.

CFR sections	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated annual burden (hours)
404.2108 & 416.2208 SSA-199 .....	90	2145	23	5,003
404.2117 & 416.2217 .....	80	1	160	80
404.2121 & 416.2221 .....	190	1	100	833

<sup>1</sup>500 total responses for all participants.

<sup>2</sup>On Average.

*Total Burden Hours For this Request:* 5,916 hours

6. *Childhood Disability Evaluation Form—20 CFR 416.924—0960-0568.* SSA and State Disability Determination Services use the information collected on the Form SSA-538 to record medical and functional findings regarding the

severity of impairments of the children who claim Supplemental Security Income benefits based on disability. The form is used for initial determinations of eligibility, in appeals and in initial continuing disability reviews.

*Type of Request:* Extension of an OMB-approved information collection.

*Number of Respondents:* 750,000.

*Frequency of Response:* 1.

*Average Burden Per Response:* 25 minutes.

*Estimated Annual Burden:* 312,500 hours.