



Blind Work Expense Request

January 2021

This request should accompany wage reports made to the Social Security Administration if you are a blind individual receiving an SSI benefit, or Medicaid under the 1619(b) provisions. **You should include receipts, and proof of wages or your self-employment tax returns.**

Date:

Period Worked:

Beneficiary Name:

SSN:

Representative Payee (if applicable):

Contact Phone Number:

This is a request that the items outlined on this document be deducted as Blind Work Expenses when you consider the work activity I am reporting. The items listed below meet the following requirements:

- They are necessary for my work activity or self-employment;
- They were paid by me, and not reimbursed by another source;
- They were not deducted as a business expense;
- I will be happy to provide additional documentation, if requested.

List of expenses for this report period that appear on my attached pay stubs:

NOTE TO BENEFICIARY: *You can include the cost of services or perishable goods for months when you worked, or you can include the cost of durable goods, either the down payment, the monthly payment, or the total cost, depending on how you paid for the item. Durable expenses may be pro-rated over a 12-month period.*

Pay Date	Federal Taxes	State Taxes	Local Taxes	Social Security	Mandatory Dues or Pension Costs	Other

List of other work expenses, such as: Transportation, childcare, disability-related expenses, meals consumed at work, uniforms, etc. I have attached receipts, where possible as verification.

Date of Payment	Type of Expense	Amount of Expense

Thank you for your consideration of this request.

Beneficiary or Representative Payee Signature: