

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SS#: \_\_\_\_\_

**1. Are you required to file a Federal Income Tax Return for 2010?**

- No  
 Yes

**2. Did you have income in addition to your MainePERS benefits during 2010?**

- No  
 Yes, I also earned the following amounts:

\$ \_\_\_\_\_ Social Security Disability

\$ \_\_\_\_\_ Workers' Compensation

\$ \_\_\_\_\_ Self-Employment

\$ \_\_\_\_\_ Wages from Employment with:

Employer's Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_ Other Sources

I hereby designate MainePERS as my authorized agent for obtaining any return, report, or other information pursuant to 36 MRSA 191(2)(A). This authority includes the right to obtain income tax information. This authorization is for the purpose of verifying the amount of income claimed in this statement. I have read and understand the information provided in the Annual Statement of Compensation Package. **I understand that failure to report all income truthfully and to provide verification as requested by MainePERS by April 30, 2011 may result in the loss of my MainePERS disability benefit.**

Signature: \_\_\_\_\_  
Disability Recipient or Power of Attorney \*

Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

\* Unless already on file with MainePERS, the signature of anyone other than the benefit recipient must be accompanied by a documentation of the authority making the signature valid (e.g. power of attorney).