

Social Security Administration  
Retirement, Survivors and Disability Insurance  
Important Information

(a) Beneficiary Name  
(b) Street Address  
City/State/Zip Code

Date:

Claim Number: (C) XXX-XX-XXXX(A)

I am writing to ask your help in making sure that we are paying you the correct amount of Social Security benefits. We need you to give us current information about your work.

Earlier, you told us that your earnings this year would be about \$~~XXXX~~. Your plans, however, may have changed. Because we want to make sure that we are paying you accurately, we want you to check your estimate for this year, and let us know if it is different. We also need to know about your work plans for 200~~6~~<sup>7</sup>.

The enclosed form has some questions about your work for this year and next year. After you complete it, please mail it in the enclosed envelope. We need to hear from you as soon as possible, because we need to know if your estimate for 200~~6~~<sup>7</sup> is still right. Also, if you do not return this form by October ~~3, 2006~~<sup>7</sup>, we will use your 200~~6~~<sup>7</sup> earnings estimate to decide how much we will pay you in the first part of 200~~6~~<sup>7</sup>. 6

Thank you for taking the time to assist us. We would like to give you the best possible service and hope that you find this form a convenient way to inform us about your work plans.

If you have any questions, you can call us toll free at 1-800-772-1213, 7:00 a.m. to 7:00 p.m. Monday through Friday. We can answer most questions over the phone. Our busiest times are the first week of the month and Mondays. So, we may be able to handle your call more quickly if you can call us at other times. If you prefer to visit or call one of our offices, use the 800 number and we can give you the office address and telephone number. Please have this letter with you if you call or visit an office. It will help us answer your questions.

Sincerely,

*James B. Barnhart*

Commissioner  
Social Security Administration

Enclosures:  
Earnings Estimate Form SSA-L9778-SM-SUP  
Envelope

(a) Beneficiary Name

(b) XXX-XX-XXXX (c)

## Estimating Your Earnings for 200<sup>6</sup> and 200<sup>7</sup>

We have put together a list of questions that will help you update your earnings estimate. Please answer them carefully. Before you answer our questions, we want to talk briefly about how to estimate your earnings.

### How To Estimate Your Earnings

It may not be easy for you to figure ahead of time how much you will make in 200<sup>6</sup> and 200<sup>7</sup>. But if you keep these pointers in mind, you should have no problem.

- If you are paid wages, base your estimate on what you expect to earn before taxes or other deductions for the whole year. Be sure to include bonuses, vacation pay, sick pay, tips of \$20 or more a month, and any contribution that you make from your salary to a tax deferred savings plan.
- Drop from your estimate any money you will get from your employer this year for work you did last year or before. Also, do not include:
  - Social Security, railroad or civil service retirement, veterans, black lung or public assistance benefits;
  - pensions and other retirement payments which are not reported on your W-2 form;
  - investment income;
  - interest from savings accounts;
  - life insurance annuities and dividends;
  - gifts or inheritances;
  - gain (or loss) from the sale of capital assets;
  - rental income;
  - unemployment or worker's compensation;
  - jury duty payments.
- If you are self-employed, base your estimate on what you think your net earnings will be - just like on your tax return. If you became entitled to Social Security benefits before 200<sup>6</sup>: (1) do not include in your estimate any Federal agricultural program payments you expect in 200<sup>6</sup>; and (2) do not include self-employment income received in 200<sup>6</sup> from carry-over crops for work you did before you became entitled to Social Security benefits.
- If you get both wages and income from self-employment, add the two amounts together. The total is your estimate.

(OVER)

(a) month (b) year

- You will reach full retirement age in ~~August 2008~~.

Beginning with the month of full retirement age, the earnings limit no longer applies. If you will reach full retirement age in ~~January 2008~~, you do not have to complete question 3 regarding your earnings for 2008.

People who reach full retirement age in February through December 2008<sup>7</sup> should exclude from their estimate of yearly earnings for 2008<sup>7</sup> any wages earned in the month they reach full retirement age and all following months. Self-employment income should be prorated based on the number of months under full retirement age. That is, divide expected net earnings (or loss) for 2008<sup>7</sup> by the number of months of self-employment and multiply this result by <sup>7</sup> the number of months in 2008<sup>7</sup> before you reach full retirement age.

Now, you are ready to answer the following questions about your earnings. And again, it is important for us to hear from you.

Questions For

(a) BENEFICIARY NAME

(b) XXX-XX-XXXX(C)

(d) mm/yy (e) mm/yy

**1.** Earlier, you told us you will earn ~~\$:x x x x~~ this year.  
How much do you now think you will earn in 200~~5~~<sup>6</sup>?

Show your earnings for the whole year, including amounts you will earn both before and after you filed for Social Security benefits.

Show your answer in the space below.

\$ \_\_\_\_\_

Your Retirement Plans

To help us make sure that we understand your answers, we would like to know if you have retired, or if you plan to retire this year.

**2.** Have you retired, or do you plan to retire in 200~~5~~<sup>6</sup>?

If you retired, or plan to retire from your regular (full-time) employment in 200~~5~~<sup>6</sup>, answer "YES" to this question even if you work or plan to work part-time.

Show an "X" on the line next to your answer.

\_\_\_ NO, I have not retired and I am not going to retire this year.

\_\_\_ YES, I have retired, or plan to retire this year.

If you answered "yes", please show your **retirement date** in the space below.

\_\_\_\_\_  
(MONTH, DAY, YEAR)

Please go on to question 3.

Our Last Question

If you will reach full retirement age in **January 2006<sup>7</sup>**, you do not have to complete this question.

Our last question is about your earnings in **2006<sup>7</sup>**. Please look ahead and estimate how much you plan to earn next year. We will use this information to decide how much we can pay you in **2006<sup>7</sup>**. If you do not plan to work in **2006<sup>7</sup>**, show "0" as your estimated earnings amount. If you will attain full retirement age in **2006<sup>7</sup>**, include only your earnings prior to the month you become full retirement age. **You must answer this question. If you do not enter an amount in question 3, we will use your estimate for 2006<sup>6</sup> to decide how much to pay you in 2006<sup>7</sup>.**

**3. How much do you think you will earn in 2006<sup>7</sup>?**

Show your answer in the space below.

\$ \_\_\_\_\_

Remember, you need to return this form as soon as possible. If you do not return it by **October 3, 2006<sup>6</sup>**, we will use your **2006<sup>6</sup>** earnings estimate to decide how much to pay you in the first part of **2006<sup>7</sup>**.

Please sign this form in the space below, and send it back to us in the enclosed envelope. And again, thank you for your help.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Also, please give us a telephone number where we can reach you during the day.

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Telephone Number

## PRIVACY ACT STATEMENT

The Social Security Administration (SSA) is authorized to collect information on this form under section 205 (a) and section 203 (h) (3), (4) of the Social Security Act. Giving us this information is voluntary. You do not have to do it, but we may not be paying you the right amount unless you give us this information.

We use the information you give us to insure that we are paying you correctly. However, we may share this information with another person or government agency to manage the Social Security program or other programs that must be coordinated with the SSA.

We may also use the information you give us in computer matching programs. 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.

## PAPERWORK REDUCTION ACT STATEMENT

**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 these questions unless we display a valid office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. ~~SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.~~ To find the nearest office, call 1-800-772-1213. Send only comments on our time estimate above to: SSA, ~~1328 Annex Building,~~ Baltimore, MD 21235-0001.

6401 Security Blvd.