



### How to Estimate Your Earnings for 2005

- In 2005, the full retirement age for people born in 1940 is age 65 and 8 months. If you were born on the first day of the month, we consider you to have reached full retirement age in the prior month. For example, if your birthday is June 1, we treat you as if you reached full retirement age in November. This means if you were born June 1, 1940, you only have to report wages for January through October. Question 1 shows the month you will reach full retirement age.
  - If you were born August 2, 1939 through January 1, 1940, you will reach full retirement age in 2005 (age 65 and 4 months). This means you only have to report wages for the months before you reach full retirement age in 2005. Question 1 shows the month you will reach full retirement age.
- If you are paid wages, base your estimate on what you expect to earn before taxes or other deductions up to the month you become full retirement age. 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 prior to the month you are full retirement age 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 2005, (1) do not include in your estimate any Federal agricultural program payments you expect in 2005, and (2) do not include self-employment income received in 2005 from carry-over crops for work you did before you became entitled to Social Security benefits.

If you are self-employed, we will reduce your estimated self-employment earnings to adjust for the period you are full retirement age and over.

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.** How much do you think you <sup>(f) month</sup> will have earned this year in wages before ~~AUGUST~~, the month you are full retirement age in 200~~5~~?  
6

Show your answer in the space below.

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

**2.** How much do you think you will earn in self-employment in 200~~5~~?  
6

If you are self-employed, we will reduce your estimated self-employment earnings to adjust for the period you are full retirement age and over.

Show your net self-employment earnings for the whole year in the space below.

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

Please go on to the next question.

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.

**3. Have you retired, or do you plan to retire in 200<sup>1</sup>/<sub>6</sub>?**

If you retired, or plan to retire from your regular (full-time) employment in 200<sup>1</sup>/<sub>6</sub>, 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)**

Remember, you need to return this form as soon as possible.

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, ~~1338 Annex Building,~~ Baltimore, MD 21235-0001. 6401 SECURITY Blvd.