

Social Security Administration
Retirement, Survivors, and Disability Insurance
Request for Employer Information

Social Security Administration
Data Operations Center
P.O. Box 3980
Wilkes Barre, PA 18767-0080

Date:

Sequence Number:

Employer Number:

We are writing to you about your Wage and Tax Statement (W-2) for the employee shown below. The amount you reported appears to be payments made after the employee stopped working for you and is not covered by Social Security.

Employee's Name:
Social Security Number:
Reported Earnings:
Tax Year:

Please fill in the information on the back of this form and mail it to us in the enclosed envelope. If possible, verify the number on the employee's Social Security card and check your records to give us the information requested.

If you have any questions about this letter, you may call us toll-free at 1-800-772-6270 from 7:00 a.m. to 7:00 p.m. Eastern Standard Time.

Carolyn L. Simmons
Associate Commissioner
for Central Operations

Enclosure:
Envelope

Social Security Request for Employment Information

1. Does the employee still work for you? Yes No
(Give Last Known Address)

2. Did employment end because the employee died? Yes No

If employment ended because the employee died, refund the employee's share of the Social Security taxes to the employee's estate or next of kin, and obtain a receipt. Then, ask for a refund of the employer and employee Social Security taxes from the Internal Revenue Service (IRS). For details about how to obtain a refund, contact the IRS (there are time limits for seeking a refund from the IRS).

Earnings paid a deceased employee after the year of death are not wages subject to Social Security or Medicare taxes and should be reported on Form 1099. (See IRS W-2 reporting instructions)

3. If the earnings shown above are earnings covered by Social Security, print the name and number shown on the employee's Social Security card and the tax year of these earnings:

| | | | |
|-------------------------|----------------------|----------------------|--------------------------------|
| | FIRST | M. INITIAL | LAST |
| Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | Tax Year: <input type="text"/> |

THE PRIVACY ACT

Section 205(a) of the Social Security Act allows us to ask for the information on this letter. The information you give us will be used to give the employee credit for the correct amount of wages. You do not have to complete this letter, however, if you don't, we can't give the employee credit for the correct amount of wages.

We may give this information to the Internal Revenue Service for tax administration purposes or to the Department of Justice for investigating and prosecuting violations of the Social Security Act. We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local 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 the Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT

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. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.