

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

Social Security Administration
Data Operations Center
P.O. Box ~~39~~ 40
Wilkes Barre, PA 18767-0039

Date:

Sequence Number:

Employer Number:

We are writing to you about your Form W-2, Wage and Tax Statement for the employee shown below. Our records show that the employee is a young child. Therefore, we need your help to resolve some questions before we can add the wages to the employee's earnings record.

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, 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
~~W. Burnell Hurt~~
W. Burnell Hurt
Associate Commissioner for
Central Operations

Enclosure:
Envelope

Social Security Request for Employee Information

1. Please print the full name as shown on the Social Security card:

Name:

First

M.I.

Last

2. Enter the Social Security number from your records:

Social Security Number:

-

-

3. Enter the employee's date of birth:

Month

Day

Year

and Sex

M

F

4. What is the latest address you have on file?

5. What was the employee's job?

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 and 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 Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT AND TIME IT TAKES STATEMENT

See Revised PRA, Attached

This information collection meets the clearance requirements of 44 U.S.C. section 3507, as amended by section 2 of the **Paperwork Reduction Act of 1995**. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 10 minutes to read the instructions, gather the necessary facts, and answer the questions.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

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. *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.*