


## Employee Identification Statement

**See Paperwork Reduction  
Act/Privacy Act Notice on Reverse**

|      |   |  |              |
|------|---|--|--------------|
| 1.)  | Is the Social Security number on the letter the same as on your records? <span style="float: right;">→</span> | <input type="checkbox"/> Yes <input type="checkbox"/> No |              |
|      | If "No," what do your records show?   |  |              |
| 2.)  | Full Name of Employee   |  |              |
| 3.)  | (a) Date of Birth   | (b) Place of Birth                                       |              |
| 4.)  | (a) Father's Name   | (b) Mother's Name  |              |
| 5.)  | Last Known Address of Employee  |  |              |
| 6.)  | (a) Physical Description (please provide a copy of photo ID if available)                                     |  |              |
|      |   |  |              |
|      |   |  |              |
|      | (b) Distinguishing Characteristics  |  |              |
|      |   |  |              |
|      |   |  |              |
| 7.)  | Name and Address of Nearest Relative  |  |              |
| 8.)  | Dates of Employment With Your Company <span style="float: right;">→</span>                                    | From   | To           |
|      |   |  |              |
| 9.)  | Business Name of Employer   |  |              |
| 10.) | Employer's Federal Identification Number  |  |              |
| 11.) | (a) Street Address of Employer  |  |              |
|      | (b) City  | (c) State  | (d) Zip Code |

|            |  |                                      |
|------------|--|--------------------------------------|
| 12.)       | <b>For signature comparison, please send a photocopy of the individual's form W-4, if available.</b>   |                                      |
|            | Signature (First name, middle initial, last name) (Write in ink)                                       | Date (month, day, year)              |
|            | <b>SIGN<br/>HERE</b>  | Telephone Number (include Area Code) |
| Print Name |  | Title                                |

**Privacy Act Notice**

This report is authorized by law 20 CFR 404.702. While your response is voluntary, your cooperation is needed to assure that the above named person's wage record is accurate and that a correct determination of eligibility for Social Security benefits is made.

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 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.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.

**See Revised PRA Attached**

~~**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 5 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.*~~

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

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