

INSTRUCTIONS FOR COMPLETION OF FORM SSA-7162-OCR-SM

WHAT YOU NEED TO DO

First, please read the instructions below. This is important because not all questions are self-explanatory. Then, complete your report and return it to the **Social Security Administration, P.O. Box 7162, Wilkes-Barre, Pennsylvania, 18767-7162, U.S.A.** in the enclosed envelope **within 60 days** from the day you receive it. If you do not return it promptly, we may stop sending checks to you.

GENERAL INSTRUCTIONS

To help us process your report and avoid having to recontact you, please follow these instructions.

- Use black ink or a dark pencil to complete the report.
- Please print your answers, except in the signature block.
- Place "X's" in the appropriate "Yes" or "No" boxes on the first page.
- On the first page, keep your "X's" inside the boxes.
- **You must sign the form on the back page.**

HOW TO FILL OUT THE FORM

The numbers below match the numbered questions on the report.

Item 1. Do not write in this space if the preprinted address in the box is correct. If the preprinted address is incorrect and you have not reported your new address to the Social Security Administration, then print the correct address in this space.

Item 2. Enter the telephone number at which you may be contacted during the day in this space.

Item 3. Has there been a change in your citizenship or your country of residence that you have not yet reported to SSA? If not, place an "X" in the "NO" box and go on to item 4. If yes, place an "X" in the "YES" box and turn the form over. In item 3 on the back, enter in:

- (a) the country of new citizenship and the date the new citizenship was acquired; and/or
- (b) the current country of residence and the date the residence began.

Item 4. Have you married or had a divorce or annulment since you last reported your marital status to SSA? If not, place an "X" in the "NO" box and go on to item 5. If yes, place an "X" in the "YES" box and turn the form over. In item 4 on the back, enter in:

- (a), (b) or (c) a check mark next to the event which occurred; (d) the date the event occurred.

Item 5. Did you work for someone else or own a business or farm since your last report of work to SSA? If not, place an "X" in the "NO" box and go on to item 6.

If yes, place an "X" in the "YES" box and turn the form over. In item 5 on the back, enter in:

- (a) a check mark in the first block if you worked for someone else, or a check mark in the second block if you were self-employed;
- (b) the month, day and year the work began;
- (c) if the work has ended, enter the month, day and year the work ended. If not ended, write "not ended";
- (d) list each month in the work period indicated in (b) and (c) above that you worked 45 hours or less. (Explain in "Remarks" why your employment/self-employment calls for 45 hours or less);
- (e) if the work was done in the U.S. or if U.S. Social Security taxes (FICA) were paid on earnings from this work, check the "Yes," block. If not, check the "No" block.
- (f) if the answer in (e) above was "Yes," enter your total earnings for the year before last in the first space, your earnings for last year in the second space, and give an estimate of this year's earnings in the last space.

Item 6. Did you and the child live apart since you last reported the child's living arrangements to SSA? If not, place an "X" in the "NO" box. If yes, place an "X" in the "YES" box and turn the form over. In item 6 on the back, enter in:

- (a) the date the child left;
- (b) the date the child returned. If the child has not returned, enter "Not returned";
- (c) the name of the child who did not live with you;
- (d) the reason for leaving;
- (e) if the child has not returned, the address where the child can be reached.

BE SURE TO TURN THE FORM OVER AND ENTER YOUR SIGNATURE (OR MARK) AND THE DATE IN ITEM 7. IF YOU SIGN WITH A MARK, A WITNESS MUST COMPLETE ITEM 8. IF A WITNESS SIGNS THE FORM, HE/SHE SHOULD ENTER HIS/HER NAME, ADDRESS, AND THE DATE IN ITEM 8.

ALL KINDS OF WORK SHOULD BE REPORTED

Every kind of work, trade, apprenticeship or business in which you engage while you are under age 66 **MUST BE REPORTED.** After you notify us of work, we will inform you if the work has any effect on benefits.

REPORT TO UNITED STATES SOCIAL SECURITY ADMINISTRATION

IMPORTANT: Failure to complete and return this form within 60 days will result in suspension of benefits. SIGN AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE. SEE INSTRUCTIONS ENCLOSED.

1.	Print your address here only if it is different from the one shown below.	2.	Telephone number at which you may be contacted during the day.
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IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE TURN THIS FORM OVER AND CONTINUE ON THE BACK. YOU MUST SIGN YOUR NAME IN ITEM 7 ON THE BACK OF THIS FORM.

	YES	NO
3. Has there been a change in your citizenship or your country of residence that you have not yet reported to SSA? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you married or had a divorce or annulment since you last reported your marital status to SSA? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you work for someone else or were you self-employed (i.e., did you own a business or farm) since your last report of work to SSA? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
Answer Question 6 only if you are the parent of a child under age 16 or disabled and you receive Social Security benefits because you have this child in your care.		
6. Did you and the child live apart since you last reported the child's living arrangements to SSA? _____ →	<input type="checkbox"/>	<input type="checkbox"/>

OTHER REPORTABLE EVENTS

In addition to the events listed on this form, you are responsible for reporting any other event that may affect benefit payments.

(For SSA Use Only)

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SSN										

PAPERWORK ACT AND PRIVACY ACT NOTICE

The information requested on this form is sought pursuant to the authority granted in 42 U.S.C. 403(c) 403(g), 405(a) and 405(j). Your response to the questions on this form is required for you to continue to receive benefits. Failure to report those events which can cause suspension of benefits may cause the loss of additional benefits.

The information provided will be used to confirm past and continuing entitlement to benefits and may be disclosed by SSA to another governmental agency for the following purposes: (1) to assist SSA in establishing the right of an individual to Social Security coverage and/or benefits; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs; (3) to comply with Federal laws requiring the exchange of information between SSA and another agency; and (4) to comply with Freedom of Information Act (5 U.S.C. 552).

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.

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.

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, 1338 Annex Building, Baltimore, MD 21235-0001, U.S.A. **Send only comments relating to our time estimate to this address, not the completed form.**

IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ON THE OTHER SIDE OF THIS FORM, YOU *MUST* COMPLETE THE CORRESPONDING BLOCK(S) BELOW. IF YOU ANSWERED "NO" TO ALL THE QUESTIONS ON THE OTHER SIDE OF THE FORM, YOU SHOULD GO TO ITEM 7, SIGN, DATE, AND RETURN THE FORM.

3. If you answered "Yes" to question 3 on the reverse, complete the information below.		
(a) Country of new citizenship	Date acquired (Month-Day-Year)	
(b) Current country of residence	Date of change (Month-Day-Year)	
4. If you answered "Yes" to question 4 on the reverse, complete the information below.		
(a) <input type="checkbox"/> Marriage (b) <input type="checkbox"/> Divorce (c) <input type="checkbox"/> Annulment	(d) Enter date event occurred	
5. If you answered "Yes" to question 5 on the reverse, complete the information below.		
(a) Check one <input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed	(b) Date work began (Month-Day-Year)	(c) If ended, enter date work stopped (Month-Day-Year)
(d) List each month that you worked 45 hours or less. (<i>Explain in "Remarks"</i>)		
(e) Was this work done in the United States or did you pay United States Social Security taxes on earnings from this work? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
(f) If you answered "yes" to (e) above, enter your total earnings for:		\$
the year before last _____ and	_____	\$
last year _____ also give	_____	\$
your estimate of earnings for this year _____	_____	\$
6. If you answered "Yes" to question 6 on the reverse, complete the information below.		
(a) Date child left	(b) Date child returned	(c) Name of child
(d) Reason for absence		
(e) If the child has not returned, print the address of the child here.		

REMARKS

IMPORTANT: 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. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

7. Signature or mark of beneficiary (<i>Note: If this form is signed with a mark, a witness must sign below.</i>)	Date
8. Signature of witness	Address (include ZIP code)
Date	Date

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

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