Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Date: August 8, 2008

Claim Number: ssn - bic

address data

I am writing to ask your help in making sure that we are paying you the correct amount of Social Security benefits. We need you to give us current information about your work for (e)YYYY.

The enclosed form has some questions about your work for (e)YYYY. After you complete it, please mail it in the enclosed envelope. If we do not receive this information within 30 days, we will assume that you worked all months in (e)YYYY.

Thank you for taking the time to assist us. We would like to give you the best possible service and hope that you find this form a convenient way to inform us about your work.

If you have any questions, you can call us toll free at 1-800-772-1213, 7:00 a.m. to 7:00 p.m. Monday through Friday. We can answer most questions over the phone. Our busiest times are the first week of the month and Mondays. So, we may be able to handle your call more quickly if you can call us at other times. If you prefer to visit or call one of our offices, use the 800 number and we can give you the office address and telephone number. Please have this letter with you if you call or visit an office. It will help us answer your questions.

Sincerely,

Commissioner
Social Security Administration

Enclosures:
Nonwork Months Form SSA-L9790-SM
Envelope

Form SSA-L9790-SM (7-2008)

(a) BENEFICIARY NAME

b) XXX-XX-XXXX(c)
(d) MM/YY   (e) MM/YY

TOE 220 861006 P2

> But if we know how much you earned before taxes in each month in (f)YYYY, we may be able to pay you more.

Your Monthly Earnings

Usually, if you make more than the earnings limit, which in (f)YYYY is $(g)AEA, we have to hold back some of your Social Security. ~~But if we know how much you earned in each month in (f)YYYY, we may be able to pay you more~~.

The same is true of self-employed people. The difference is that we need to know how many hours you worked in each month, instead of the amount of money you earned.

For the following months in (f)YYYY, you previously told us that you would not earn over $(h)MEA and would not work over 45 hours in self-employment.

(i) Nonwork Months

1. **If you worked for wages, put an "X" in the box under each month when you earned $(h)MEA or less. Be sure to do it for the whole year.**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

2. **If you were self-employed, how many hours did you work in each month in (f)YYYY? Be sure to put something down for each month.**

Show your hours in the boxes below.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Please answer question 3 on the next page.

datamatrix
barcode

Form SSA-L9790-SM (7-2008)

To help us make sure that we understand your answers, we would like to know if you stopped working in (f) YYYY.

3. Did you stop working in (f)YYYY?

Show an "X" in the box next to your answer.

☐ NO

☐ YES, I stopped working in (f)YYYY.

If you answered "yes", please show ~~your retirement date~~ the date you last worked in the space below.

☐☐ / ☐☐ / ☐☐☐☐
Month / Day / Year

Remember, you need to return this form within 30 days.

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 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

For SSA Use ONLY

Ext.   WB 1   WB 2   WB 3
☐   ☐   ☐   ☐

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. **To find the nearest office, call 1-800-772-1213.** Send **only** *comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-0001.*