

SOCIAL SECURITY

Important Information

Office Address:

Telephone Number:

FAX Number:

Office Hours:

Date:

We are asking for your help in obtaining wage information about the employee named on the attached pages. Please complete sections 1 through 3 of the form if they are indicated, and section 5 in all cases.

If you prefer to send a payroll printout instead of completing the form, please include an explanation of the items on the printout.

For your convenience, we are enclosing a postage-paid reply envelope. If a fax number is shown above, you may instead fax the information to that number.

We appreciate your help in this matter. If you have any questions, please call the telephone number above and ask for _____ .

Field Office Manager

Enclosure(s)
Stamped Reply Envelope

~~PAPERWORK/PRIVACY ACT NOTICE~~

See revised
Privacy Act
Statement below.

Section 1611(c), 1612(a)(1), and 1631(e)(1) of the Social Security Act allow us to ask for wage information about the worker named on the attached form. Your response to this request is voluntary. However, failure to respond to this request may have an adverse effect upon the worker or other individual involved. We will use the information you provide to resolve a Social Security matter involving this worker.

We may routinely disclose this information without your consent or the individual's consent if:

1. A Federal law requires that we give out this information;
2. A Member of Congress or the President's office needs this information to answer questions asked by the individual;
3. A government agency needs this information to administer an income maintenance or health maintenance program;
4. Someone needs this information to do statistical research or audit report for us related to the Social Security programs;
5. The Department of Justice needs the information to represent the Federal Government in a court suit related to a Social Security Administration matter.

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 qualified 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 others 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

This information collection meets the clearance requirements of 44 U.S.C. § 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 30 minutes to read the instructions, gather the necessary facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)** 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.**

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

REFERENCE NUMBER

 1. **CURRENT WAGES.** Please show the following:

- Is the individual named above still employed with your company?

YES NO

(If employment terminated, show the date last paid and the date last worked in the blocks below. It is not necessary to complete the rest of this section. If employment has NOT terminated, skip the first two blocks below and complete the rest of this section.)

Date Last Worked (MMDDYY)

Date Last Paid (MMDDYY)

Current rate of pay (*per hour, day, week, piece, etc.*):

\$ _____ per _____

Amount worked per pay period (*in hours, days, pieces, etc.*):

Day of week or date(s) of month on which paid:

How often paid (*weekly, biweekly, monthly, etc.*):

Date last paid (*month, day, year*):

Rate of overtime pay (*per hour, day, week, etc.*):

\$ _____ per _____

Average overtime per pay period (*no. of hours*):

Please describe any changes you expect in any of the information shown above:

 2. **DEDUCTIONS FROM GROSS WAGES**

- Does the employee participate in a CAFETERIA PLAN?

YES NO

A cafeteria plan is a pre-tax plan under section 125 of the Internal Revenue Code. Under a cafeteria plan, employees can choose, cafeteria-style, from a menu of two or more qualified benefits, or cash. Qualified benefits include, but are not limited to: accident and health plans, group term life insurance plans, dependent care assistance plans, and certain stock bonus plans under section 401 (k) (2) (but not 401 (k) (1) of the Internal Revenue Code. Cafeteria plans are often shown on pay slips as FLEX, CHOICES. Sec 125, cafe plan, etc.

- Are any of the employee's wages garnished for child support?

YES NO

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

REFERENCE NUMBER

3. **PRIOR WAGES.** Please read the following instructions and provide the information requested on the following page(s).

What We Need To Know About Wages and Deductions

Wages

We need to know the amount of **gross** wages paid to the employee **in** each of the months checked on the back of this page and any additional pages. Base these amounts on actual paydays in the month, **not** the ending dates of pay periods. For example, wages earned in a pay period ending on May 29 but actually paid on June 5 would be included in the total gross wages paid in June. If no wages were paid to the employee in a month that is checked, please show "none."

Be sure to include in gross wages:

- Tips
- Bonuses
- Overtime
- Holiday and vacation pay
- The dollar value of payments in kind (meals or lodging, for example)
Any contributions under a salary reduction agreement to a cafeteria plan as defined in section 125 of the Internal Revenue Code
- Garnished child support

Do not include in gross wages any advance earned income tax credit payments.

Deductions

Please also provide the amount of any cafeteria plan deductions, garnished child support, or any other item indicated at the top of these columns to the right of the gross wages. Please show "none," if applicable. Completion of the "OTHER" column is only needed when a specific item is listed at the top of that column.

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

REFERENCE NUMBER

YEAR _____	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
— January	\$	\$	\$	\$
— February	\$	\$	\$	\$
— March	\$	\$	\$	\$
— April	\$	\$	\$	\$
— May	\$	\$	\$	\$
— June	\$	\$	\$	\$
— July	\$	\$	\$	\$
— August	\$	\$	\$	\$
— September	\$	\$	\$	\$
— October	\$	\$	\$	\$
— November	\$	\$	\$	\$
— December	\$	\$	\$	\$

YEAR _____	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
— January	\$	\$	\$	\$
— February	\$	\$	\$	\$
— March	\$	\$	\$	\$
— April	\$	\$	\$	\$
— May	\$	\$	\$	\$
— June	\$	\$	\$	\$
— July	\$	\$	\$	\$
— August	\$	\$	\$	\$
— September	\$	\$	\$	\$
— October	\$	\$	\$	\$
— November	\$	\$	\$	\$
— December	\$	\$	\$	\$

4. ADDITIONAL INFORMATION/COMMENTS:

5. Signature _____ Date: _____
 Title: _____
 Employer _____
 Telephone: _____ FAX: _____

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

REFERENCE NUMBER

YEAR _____	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
— January	\$	\$	\$	\$
— February	\$	\$	\$	\$
— March	\$	\$	\$	\$
— April	\$	\$	\$	\$
— May	\$	\$	\$	\$
— June	\$	\$	\$	\$
— July	\$	\$	\$	\$
— August	\$	\$	\$	\$
— September	\$	\$	\$	\$
— October	\$	\$	\$	\$
— November	\$	\$	\$	\$
— December	\$	\$	\$	\$

YEAR _____	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
— January	\$	\$	\$	\$
— February	\$	\$	\$	\$
— March	\$	\$	\$	\$
— April	\$	\$	\$	\$
— May	\$	\$	\$	\$
— June	\$	\$	\$	\$
— July	\$	\$	\$	\$
— August	\$	\$	\$	\$
— September	\$	\$	\$	\$
— October	\$	\$	\$	\$
— November	\$	\$	\$	\$
— December	\$	\$	\$	\$

4. ADDITIONAL INFORMATION/COMMENTS:

5. Signature _____ Date: _____
 Title: _____
 Employer _____
 Telephone: _____ FAX: _____

Privacy Act Statement

Collection and Use of Personal Information

Sections 1611(c), 1612(a)(1), and 1631(e)(1) of the Social Security Act, as amended, authorize us to collect the information on this form. The information you provide will help us verify wages or resolve wage discrepancies for the individual named on this form. Your response is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on any claim filed or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for verifying wages or resolving wage discrepancies. In accordance with 5 U.S.C. § 552a(b) of the Privacy Act, however, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. The law allows us to do this even if you do not agree to it.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.