



SOCIAL SECURITY

Social Security Administration
Form Approved OMB No. 0960-0030

Refer to:	DATE
	PERSON TO CONTACT
	TELEPHONE NUMBER ()
	RETURN ADDRESS (SSA OFFICE)
NAME OF WORKER	SOCIAL SECURITY NUMBER

ADDITIONAL IDENTIFYING INFORMATION *(To be completed by Social Security Administration when applicable)*

See Revised Privacy Act Statement

PRIVACY ACT/PAPERWORK ACT NOTICE: There is authority in section 205(a) of the Social Security Act (42 U.S.C. 405(a)) to request this information. Your response to this request is voluntary. However, your cooperation will enable us to give the worker credit for these wages at this time. In the event wage reports were not filed for periods for which they were due or were incorrectly filed, credit for the wages can be given before referral to the Internal Revenue Service.

We need a statement of the wages paid by you to the employee named above or the amount of cash tips reported to you by the employee for the periods checked on the attached form. This information is needed for one of the following reasons: we are unable to locate a wage report for the period; the report may not be accurate; the employee was omitted from the report; the wages you reported have not yet been processed to the employee's Social Security earnings record; or you have not yet reported for the current year. This does not necessarily mean that a person now working plans to quit.

The instructions on completing the attached form are located on the back of this page. If you have any questions pertaining to completion of the form, please contact the individual listed above. A postage-paid envelope is enclosed for your use.

COMPUTER MATCHING: 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.

Enclosure

INSTRUCTIONS ON COMPLETION OF FORM SSA-7011-F4

Please type the requested information or write legibly in ink.

If records from which you could obtain this information are not available, please explain in item 8.

Item 1: (a) Please show the value of all remuneration subject to Social Security tax exclusive of tips before any withholdings whether paid in cash or in kind. This includes cash wages paid to domestic employees for services performed in a private home or for work not in the course of employer's trade or business. If no wages were paid in the period(s), write "None"; if you know that at least a certain amount was paid but you do not know the exact amount, write "Not less than \$ _____" and show the amount.

Item 2: (b) GOVERNMENT EMPLOYERS ONLY - Please check the proper box showing type of wages.

Please enter the amount of tips included in written reports to you by the employee during the year, whether or not the employee Social Security tax was withheld. CAUTION - Tip amount(s) shown should not be included in the amount(s) shown in item 1.

Item 5: If more than one year is involved, please list the information in item 8.

Item 6: Instructions on completion of item 1 apply also to this item.

Item 7: Instructions on completion of item 2 apply also to this item.

PAPERWORK REDUCTION ACT STATEMENT:

See Revised Paperwork
Reduction Act Statement

The ~~Paperwork Reduction Act of 1995~~ requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the ~~Paperwork Reduction Act of 1995~~. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

STATEMENT OF EMPLOYER

NAME OF WORKER	SOCIAL SECURITY NUMBER
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1. (a) Social Security (FICA) Wages Paid	<p style="text-align: center;">(b) GOVERNMENT EMPLOYERS ONLY</p> <input type="checkbox"/> Regular Social Security Wages <input type="checkbox"/> Medicare Qualified Government Employment												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Year</th> <th style="width: 25%;">Amount</th> <th style="width: 15%;">Year</th> <th style="width: 25%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>	Year	Amount	Year	Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	Wages paid before 1978, State and local wages paid before 1981, and wages for domestic employment <input type="checkbox"/> Please see item 6
Year	Amount	Year	Amount										
_____	\$ _____	_____	\$ _____										
_____	\$ _____	_____	\$ _____										

2. Cash Tips Reported	Cash tips reported before 1978 <input type="checkbox"/> Please see item 7												
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Year	Amount	Year	Amount										
_____	\$ _____	_____	\$ _____										
_____	\$ _____	_____	\$ _____										

3. Did you file employment tax return Forms 941 or 942 with the Internal Revenue Service for each period shown in items 1 and 2 above? Yes No

If "Yes," please go to item 4. If "No," please identify the period(s) for which you did not file a tax return, and explain why you did not.

4. Did you submit wage report Forms W-2 and W-3, or equivalent magnetic media reports, to the Social Security Administration for each period shown in items 1 and 2 above? Yes No

If "Yes," please go to item 5. If "No," please identify the period(s) for which you did not file a wage report, and explain why you did not. Also, omit items 5-7.

5. For report(s) which you did file with the Social Security Administration, were the wages and/or tip amounts listed on this form the same as shown on your report? Yes No

(a) If "Yes," please provide the following information and omit items 6 and 7.

DATE FILED	EMPLOYER NAME SHOWN ON REPORT	EIN SHOWN ON REPORT
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(b) If "No," please show the amount of wages and/or tips reported, and explain why these amounts differ from the amounts shown in item 1 and/or 2 of this form.

If no wages and/or tips were reported, please show "None" and explain why they were not reported. Also omit items 6 and 7.

6. Social Security (FICA) Wages Before 1978, State and Local Wages Before 1981, and Wages for Domestic Employment.

PERIOD	YEAR 19____	YEAR 19____
January 1 — March 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
April 1 — June 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
July 1 — September 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
October 1 — December 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

7. Cash Tips Reported Before 1978

PERIOD	YEAR 19____	YEAR 19____
January 1 — March 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
April 1 — June 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
July 1 — September 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
October 1 — December 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

8. REMARKS *(Please use this space and/or plain sheets of paper for additional explanations.)*

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

9. EMPLOYEE'S OCCUPATION <i>(file clerk, traveling or city salesperson, maid, plumber, attorney, etc.)</i>			14. NATURE OF BUSINESS <i>(radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.)</i>	
10. BUSINESS NAME OF EMPLOYER			15. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM	
11. EMPLOYER'S FEDERAL IDENTIFICATION NUMBER			16. PRINTED NAME AND TITLE OF PERSON SIGNING ABOVE	
12. STREET ADDRESS OF EMPLOYER			17. TELEPHONE NO. OF INDIVIDUAL COMPLETING FORM ()	18. DATE THIS STATEMENT FILLED OUT
13. CITY	STATE	ZIP CODE		

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

Privacy Act Statement

Section 205(a), of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to enable us to give the worker credit for these wages at this time. The information you furnish on this form is voluntary. However, failure to provide all or part of the information may result in our inability to properly credit the individual's Social Security earnings record.

We rarely use the information you supply for any purpose other than for making a determination regarding proper crediting of the named individual's Social Security earnings record. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to: (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 comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and, (4) to facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by 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 and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Record Notice 60-0059. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurityadministration.gov or at your local Social Security office.

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 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING 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.*