

Social Security Administration  
**Retirement, Survivors and Disability Insurance**  
Important Information, Immediate Reply Required

**SECOND REQUEST**

Date: MM/DD/YY

EIN: 99-9999999

**COMPANY NAME**  
**ADDRESS 1**  
**ADDRESS 2**  
**CITY, ST 99999-9999**

We informed you earlier that the wage reports we have for your employees may not be correct. We asked you for information to help us correct them, but we have not heard from you. It is important that we receive this information promptly.

~~NOTE: Effective January, 2008 SSA will no longer accept magnetic media submissions. We encourage you to file your wage reports electronically, using Business Services Online (BSO). Additional information on wage reporting can be obtained by accessing our employer reporting website at: [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer).~~

**What We Found**

The Form W-2 wage totals on our records and the wage totals on your IRS Forms 941, 943, 944 or Schedule H do not match for the year shown on the enclosed questionnaire. There may be several reasons why these totals do not match. We may not have received all the Forms W-2 that are due or you may have reported smaller W-2 wage amounts to us than you reported to IRS.

**What You Should Do**

Please check your records to make sure you have correctly reported your employees' wages or to see if there is any other reason for the different wage totals. Then, fill out the enclosed questionnaire and return it with the requested information within 45 days.

Enclosure:  
Return Envelope

See Next Page

SSA-L-94-SM (11-07)

**About the Questionnaire**

Page 2 of 5

If the questionnaire shows only IRS wage totals, it means we do not have copies of any Form W-2 wage reports for your employees for that year. Otherwise, it shows that the Form W-2 wage totals we have in our records are less than those on the Forms 941, 943, 944 or Schedule H returns you filed with IRS.

We've also enclosed a self-addressed envelope. If you cannot use the envelope, please mail the completed questionnaire and requested information only to:

**Social Security Administration**  
**Metro West**  
**P.O. Box 33021**  
**Baltimore, Maryland 21290-3021**

We cannot correct your employees' wage records unless you give us the information that we requested. This information is important because it could affect your employees' rights to future Social Security benefits and the amount of those benefits. Please make sure that the information you give us will resolve the problem. You should keep your wage records for the tax year in question for the next four years.

**If We Do Not Receive This Information**

If you do not send the requested information to correct your employees' wage records or contact us within 45 days, we must refer this matter to IRS. If the IRS finds that you made a reporting error, IRS may charge penalties of up to \$100 per missing Form W-2 or 10 percent of the amount of income reported, whichever is greater.

**If You Have Any Questions**

If you have any questions, please write to us at the above address or call us at 1-800-772-6270 between 7:00 A.M. and 7:00 P.M., Eastern time, Monday through Friday.

Carolyn L. Simmons  
Associate Commissioner for  
Central Operations

**PRIVACY/PAPERWORK ACT NOTICE**

Section 205(c)(2)(A) of the Social Security Act (42 U.S.C.) (405)(C)(2)(A) authorizes us to collect this information. The information provided will allow us to properly credit the earnings records for your employees. You do not have to give us these facts, but, if you do not, we will refer your case to IRS.

We rarely use the information you supply for any purpose other than for properly crediting the earnings records for you employees. 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 the following: to enable a third party or an agency to assist Social Security in establishing rights to benefits and/or coverage; to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs); to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and 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 or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Records Notice 60-0059 (Earnings Recording and Self-Employment Income System). The Notice, additional information about this form, and any other information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**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 30 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.*