Employment Network Supplemental Earnings Statement

If the	e primar	y evidence	does not	contain	some	required	information,	such a	as pay	period	end	dates,	please	use
this t	able to p	orovide any	missing	informa	ition.									

		-					
EN Organiza EIN Number	ntion Name: : (Tax ID Num	ber):					
Beneficiary S	Name: Social Security	Number: _					
	ete the Earning e claim months					on each line s	eparately. Feel free
Payment Claimed Month	Pay Period Beginning	Pay Period Ending	Pay Date	Hours Worked	Hourly Rate	Total Gross Earnings	Year-to-date Gross Earnings
accompanying anyone who k	er penalty of per g statements or f nowingly gives a ne else to do so, o	orms, and it false or misl	is true and co leading statem	rrect to the b nent about a	est of my ki material fac	nowledge. I un et in this inform	derstand that nation, or
EN Represen	ntative Name:_ ntative Signatu	re:					

Privacy Act Statement

Collection and Use of Personal Information

Section 1148, of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to permit the Social Security Administration (SSA) to verify eligibility for payment. The information you furnish on this form is voluntary. However, failure to provide all or part of the information requested on this form could prevent receipt of payment.

We rarely use the information you supply for any purpose other than verifying eligibility for payment. 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; (4) to State agencies or Employment Networks having an approved business arrangement with SSA to perform vocational rehabilitation services for disability beneficiaries and recipients; and (5) 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 Notices 60-0295 and 60-0300. The notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at 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 <u>Paperwork Reduction Act of 1995</u>. 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. SEND THE COMPLETED FORM TO MAXIMUS TICKET TO WORK, PO BOX 1433, ALEXANDRIA, VA 22313, OR FAX TO 703-683-3289. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.