
**Notification of a Social Security Number (SSN) to an Employer for Wage Reporting
Purposes**

A. Employer information

Employer's Name _____

Employer's Mailing Address _____

Employer's Identification Number (EIN) _____

B. To be completed by the SSN applicant

I request that SSA notify my employer of my SSN upon assignment.

Printed Name

Signature

Date (MM/DD/YYYY)

C. For SSA use only

An SSN has been assigned and a Social Security card was mailed to the following person who requested we notify you directly of the SSN.

| | |
|-------------------------------|--|
| First Name | |
| Middle Name | |
| Last Name | |
| Social Security Number | |

NOTE: This notification may only be used for original SSN applications when SSA has not yet assigned an SSN.

Social Security Administration

Notification of SSN to Employer for Wage Reporting Purposes

Please read these instructions carefully before completing this form.

**When to Use
This Form**

Use this form if you are applying for a Social Security Number (SSN) and want SSA to notify your employer of the SSN upon assignment.

Section A. Employer information

- Fill in the employer name, mailing address, and Employer Identification Number (EIN).

**How to Complete
This Form**

Section B. To be completed by the SSN applicant

- Sign and date the form at the SSA office **at the time you apply for the original SSN.**

Section C. For SSA use only

- The SSA field office employee will complete the name and SSN of the person who signed in Section B. upon assignment of the original SSN.

PRIVACY ACT NOTICE

Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. By signing this form, you authorize us to notify your employer of your Social Security number (SSN), upon assignment, for the purpose of wage reporting. Without your signature, we cannot complete your request to notify your employer of the assigned SSN. We will not use this form for any other purpose.

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 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 2 minutes to read the instructions, gather the facts, and answer the questions. **THE PERSON APPLYING FOR AN ORIGINAL SSN SHOULD BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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.*
