# Social Security Administration

# Retirement, Survivors, and Disability Insurance

Request for Self-Employment Information

Social Security Administration Data Operations Center P.O. Box 39 Wilkes-Barre, PA 18767-0039

Date:

Sequence Number:

Employer Number:

We need more information about self-employment earnings reported to us by the Internal Revenue Service. Please complete the information on the back of this letter and return it to us promptly. We cannot put these earnings on your Social Security record until the name and Social Security number reported agree with our records.

Name:

**Social Security Number:** 

Reported Net Earnings from Self-Employment:

Tax Year:

#### THIS IS WHAT YOU NEED TO DO

- 1. If your Social Security card does not show your correct name or Social Security number, or if you have lost your Social Security card, please call our toll-free number, 1-800-772-1213, or contact your local Social Security office.
- 2. Compare the information shown above to the Schedule SE of your tax return and your Social Security card.
- 3. If the name and number shown on the Social Security card:
  - **Do not agree** with the information shown above, fill in the requested information on the back of this letter. Then mail this letter to us in the enclosed envelope.
  - **Agree exactly** with the information shown above, contact your local Social Security office. Do not mail this letter back to us.
- 4. Make sure that your future tax returns have your correct name and Social Security number.

Si usted necesita una traducción de esta carta, por favor llámenos gratis al, 1-800-772-1213, de lunes a viernes, desde las 7 a.m. hasta las 7 p.m.

## 2765-09 DO NOT COPY

## REQUEST FOR SELF-EMPLOYMENT INFORMATION

1. N	ame shown on your Social S	ecurity card:	(Please Print U	se Black Ink or #2 Pencil)
	First	M.I.		Last
2. S	ocial Security number on yo	ur card:		
re	Vere the earnings shown on the eturn?  No, explain	e front of this	letter reported	on your (joint/individual) tax
If	Yes, do the earnings report Spouse's Name:	ed belong to:	You	Your spouse (Please check one)
	First	M.I.		Last
	Spouse's SSN:			Last
4. H	ave you ever used another n	ame?	No Y	es (Give other names used)
	First	M.I.		Last
	First	M.I.		Last
5. D	aytime phone number where y	ou can be read	hed	
mos If y	ou have any questions, you re t questions over the phone. ou do call or visit an office, es your area is located at:	nay call us to You can also please have t	ll-free at 1-800 write or visin his letter witl	0-772-1213. We can answer t any Social Security office. n you. The office that

Carolyn L. Simmons

Associate Commissioner for

Central Operations

Enclosure: Envelope

### DO NOT RETURN THIS PAGE

#### THE PRIVACY ACT

Section 205(a) of the Social Security Act allows us to ask for the information on this letter. The information you give us will be used to give you credit for earnings reported. You do not have to give us this information. However, without the information we may not be able to give you credit for wages earned. We may give this information to the Internal Revenue Service for tax administration purposes or to the Department of Justice for investigating and prosecuting violations of the Social Security Act.

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.

### 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 10 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments related to our time estimate to this address, not the completed form.