

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**

Date:  
Employee's Name:  
Employee's Social Security Number:

Please complete the attached form for tax year . The information that you provide will be used in making a determination regarding the amount of Social Security benefits payable to the above named individual.

You may submit Special Wage Payment files electronically by visiting SSA's website at [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer), and selecting "Business Services Online (BSO)."  
If you file electronically, please do not mail paper copies of these forms to Wilkes-Barre Data Operations Center.

We would appreciate receiving this information by <<ReplyBy>>. An envelope requiring no postage is enclosed for your convenience. If you have any questions, please call us at 1-800-775-7802 between 7:30 a.m. and 4:00 p.m. eastern time.

Sincerely,

Commissioner  
Social Security Administration

Enclosures:  
Form SSA-131-OCR  
Envelope

### EMPLOYER REPORT OF SPECIAL WAGE PAYMENTS

#### PART 1 - TO BE COMPLETED BY SSA/EMPLOYER

Tax Year	Employee Name	Employee's SSN	SSA Claim Number (To be completed by SSA)
Employer		Address	

#### PART 2 - TO BE COMPLETED BY EMPLOYER

Employees are sometimes paid wages in a year subsequent to the year that the wages were earned. The most common types of payments are accumulated (for prior years) vacation pay or sick pay paid after retirement; deferred compensation; severance pay (when paid on account of retirement) and bonuses -- paid pursuant to a prior agreement or contract.

Wages which are earned in a year prior to the year they are paid usually do not affect benefits payable under the Social Security annual earnings test. However, for the Social Security Administration to pay benefits accurately, these prior year amounts must be reported to us. The above named individual has filed for Social Security benefits. To ensure that correct Social Security benefits are paid, please complete the information below and return this form to the Social Security Administration. (Please see reverse side for instructions for the completion of this form.)

1. Employer Identification Number (EIN)	2. Retirement date (MM/DD/YY)	3. Date employee last performed services (MM/DD/YY)

If the dates in items 2 and 3 are not the same, please explain the difference.

4. For wages paid to the employee in the "tax year" (see Part 1 above), enter the amount that was for services performed prior to the tax year; or was not attributable to services rendered during the tax year; or was paid on account of retirement:  $\$$   ,  .

Check the type(s) of wages paid in the tax year but for services performed in a prior year or were paid on account of retirement.


Vacation Pay                       Sick Pay                       Severance Pay  
 Bonus                                       Deferred Compensation  
 Other (Explain) \_\_\_\_\_

5. Will payments listed in item "4" be made for years after the tax year?       Yes       No

If answered Yes, please show the amounts and years in which these amounts will be paid, if known.

Amount	Year	Amount	Year
\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>
\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>
\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>

6. Nonqualified deferred compensation and section 457 plans only. If payments and deferrals occurred during the tax year, enter the amount of wages earned by the employee during the tax year.  $\$$   ,  .

Signature  NAME \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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## EMPLOYER INSTRUCTIONS FOR COMPLETING SPECIAL WAGE PAYMENT FORM

1. Provide the EIN that was used or will be used to report the employee's wages on the Form W-2.
2. Enter the date the employee retired. Enter "Not Retired" if the employee has not retired.
3. Enter the date that the employee last performed services; was not expected to return to work; and was not subject to recall to render additional services. This date should be the same as or earlier than the date in item "2". Enter "Not Retired" if the employee has not retired.
4. Enter the wages that were paid to the employee in the tax year that were for services that were performed in years *prior* to the tax year or that were paid on account of retirement.

### Examples (not all inclusive) of payments to be included:

- Payments in lieu of vacation that were earned in a year *prior* to the tax year.
- Accumulated sick payments which were paid in a lump sum based on "retirement" as the sole condition of payment.
- Accumulated sick payments paid at or after the date in item 3, which were earned in a year prior to the tax year.
- Payments "on account of retirement" — dismissal, severance or termination pay paid because of retirement.
- Bonuses which are paid pursuant to a prior contract, agreement or promise causing the employee to expect such payments regularly, or announced to induce the employee to work more steadily, rapidly or efficiently or to remain with the employer.
- Stock Options.

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### Do not include in item "4", payments:

- For annual, sick, holiday or vacation pay if used (absence from work) prior to the date of retirement (earlier of items "2" or "3").
- That were reported or will be reported under "Nonqualified Plans" on the form W-2.
- That were deducted from the employee's wages and paid to a deferred compensation plan (e.g., 401k).
- Employees' health and dental plan benefits (non-covered/non-taxable for Social Security wages).
- Bonuses *earned* and *paid* in the tax year.

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5. Check whether payments listed in item 4 will be made for years after the tax year. If yes, please show the amounts and years in which these will be paid, if known.
  6. **Nonqualified deferred compensation and section 457 plans only.** If you were unable to report nonqualified deferred compensation or section 457 plan payments and deferrals (contributions) on Form W-2 because both payments and deferrals occurred during the year, show the amount of wages **earned** by the employee during the tax year. Generally, the wages earned will be the compensation reported in block 1 of Form W-2 less payment from a nonqualified deferred compensation (or 457) plan, but including any amounts deferred under the plan during the tax year ( See IRS Publication 957).

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~~Paperwork/Privacy Act Notice:~~ This report is authorized by regulation 20 CFR 404.702. The information that you provide will be used in making a determination regarding the amount of Social Security benefits payable to the above named individual. While your response is voluntary, if you do not respond we may not be able to make a correct determination regarding the amount of Social Security benefits payable to the above named individual for the year in question.

**See Revised Privacy Act Attached**

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:~~ 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 are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take 20 minutes to read the instructions, gather the necessary facts, and answer the questions.

**See Revised PRA Attached**

*SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:*

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Sections 214 and 215 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide on this form to make a determination concerning the amount of Social Security benefits payable to the above individual.

Completion of this form is voluntary; however, failure to provide all or part of the information may not allow us to make a correct determination regarding the amount of Social Security benefits payable to the above named individual for the year in question.

We rarely use this information you supply for any purpose other than for determining continuing eligibility. 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:

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 Veterans' 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 and improvement 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.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Earnings Recording and Self-Employment Income System (60-0059). This notice, additional information regarding this form, routine uses of information, and

our programs and systems 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 20 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***