

Social Security Administration

Retirement, Survivors and Disability Insurance

Important Information

Presort_Sequence

First_Name Middle_Name Last_Name

Delivery_Address

Alternate_1_Address

Alternate_2_Address

City, State ZIP4

Z I P  P _ C o m b o

Date: July 24, 2010

Claim Number: AccountNumber BIC

I am writing to ask your help in making sure that we are paying you the correct amount of Social Security benefits. We need you to give us current information about your work for TaxYear.

The enclosed form has some questions about your work for TaxYear. After you complete it, please mail it in the enclosed envelope. If we do not receive this information within 30 days, we will assume that you worked all months in TaxYear.

Thank you for taking the time to assist us. We would like to give you the best possible service and hope that you find this form a convenient way to inform us about your work.

If you have any questions, you can call us toll free at 1-800-775-7802, 7:30 a.m. to 4:00 p.m. Monday through Friday. We can answer most questions over the phone. Our busiest times are the first week of the month and Mondays. So, we may be able to handle your call more quickly if you can call us at other times. If you prefer to visit or call one of our offices, use the 800 number and we can give you the office address and telephone number. Please have this letter with you if you call or visit an office. It will help us answer your questions.

Sincerely,



Commissioner
Social Security Administration

Enclosures:
Nonwork Months Form SSA-L9790-SM
Envelope



TOE 220 861006 PPSC

Account Number



First_Name Middle_Name Last_Name AccountNumber BIC
 DateOfEntitlementCurrent FullRetirementAge (1)

Your Monthly Earnings

Usually, if you make more than the earnings limit, which in TaxYear is \$AEA, we have to hold back some of your Social Security. But if we know how much you earned before taxes in each month in TaxYear, we may be able to pay you more.

The same is true of self-employed people. The difference is that we need to know how many hours you worked in each month, instead of the amount of money you earned.

For the following months in TaxYear, you previously told us that you would not earn over \$MEA and would not work over 45 hours in self-employment.

NonWorkMonths

- 1. If you worked for wages, put an "X" in the box under each month when you earned \$MEA or less. Be sure to do it for the whole year.**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

- 2. If you were self-employed, how many hours did you work in each month in TaxYear? Be sure to put something down for each month.**

Show your hours in the boxes below.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Please answer question 3 on the next page.

To help us make sure that we understand your answers, we would like to know if you stopped working in TaxYear.

3. Did you stop working in TaxYear?

Show an "X" in the box next to your answer.

NO

YES, I stopped working in TaxYear.

If you answered "yes", please show the date you last worked in the space below.

/ /

Month / Day / Year

Remember, you need to return this form within 30 days.

Please sign this form in the space below, and send it back to us in the enclosed envelope. And again thank you for your help.

I declare under penalty that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Your Signature

Date

Also, please give us a telephone number where we can reach you during the day.

Area Code

Telephone Number

For SSA Use ONLY			
Ext.	WB 1	WB 2	WB 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIVACY ACT STATEMENT

See Revised Privacy Act Attached

The Social Security Administration (SSA) is authorized to collect information on this form under section 205 (a) and section 203 (h) (3), (4) of the Social Security Act. Giving us this information is voluntary. You do not have to do it, but we may not be paying you the right amount unless you give us this information.

We use the information you give us to insure that we are paying you correctly. However, we may share this information with another person or government agency to manage the Social Security program or other programs that must be coordinated with the SSA.

We may also use the information you give us in computer matching programs. 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

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. **Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-0001.**

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement
Retirement, Survivors, and Disability Insurance

Sections 203(h)(3), (4), and 205(a) of the Social Security Act, as amended, authorize us to collect the information requested on this form. We will use the information to ensure that we are paying you correctly. The information you provide is voluntary. However, failure to provide us with the requested information could prevent us from making an accurate and timely decision on your benefit amount.

We rarely use the information provided on this form for any purpose other than for the reasons stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose the information provided on this form in accordance with approved routine uses of the Privacy Act, 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 our records (e.g., to the Government Accountability Office, General Services Administration, National Archives and Records Administration, and the 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 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 Systems of Records Notices entitled, Earnings Recording and Self-Employment Income Record, 60-0059, Claims Folder System, 60-0089, and Master Beneficiary Record, 60-0090. These 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.