

SSA L-93 OOG REVISION

Social Security Administration Retirement, Survivors and Disability Insurance

Date: MM/DD/YY

EIN: 99-9999999

Tax Year:

COMPANY NAME

ADDRESS 1

ADDRESS 2

CITY, ST

Important Information, Immediate Reply Requested

We recently found that wage reports you submitted for your employees may not be correct. We need your help to correct them. Each year we check our ~~processed~~ wage totals for the Forms W-2 you ~~sent~~ send us against the Forms 941, 943, 944 or Schedule H (Form 1040) employment tax returns you ~~filed~~ file with the Internal Revenue Service (IRS).

~~NOTE: SSA no longer accepts magnetic media submissions. We encourage you to file your wage reports electronically, using Business Services Online (BSO). Additional information on wage report filing can be obtained by accessing our employer reporting website at: URL.~~

What We Found

The W-2/W-2c totals we processed ~~by SSA~~ (Social Security wages and tips, and Medicare wages and tips) did not match the totals you reported to IRS for the EIN and tax year above. (See questionnaire enclosed). There may be several reasons why these totals do not match. Most often, it is because we have not received all the Forms W-2 that are due, or smaller W-2 wage amounts were reported to SSA than ~~what you were~~ reported to IRS on your Forms 941, 943, 944 or Schedule H (Form 1040).

What You Should Do

Please check your records, ~~to make~~ Make sure you have correctly reported your employees' wages, ~~or to see~~ See if there is any other reason for the different wage totals. Then, fill out the enclosed questionnaire and return it ~~with the~~ requested information within 45 days.

~~NOTE: SSA no longer accepts magnetic media submissions. We encourage you to file your wage reports electronically, using Business Services Online (BSO). You can find more information on wage report filing by going to our employer reporting website at: URL.~~

Enclosure(s):

Pub 16-002

Return Envelope

About the Questionnaire

If the questionnaire shows only IRS wage totals, it means we do not have copies of any Form W-2 wage reports for your employees for that tax year. ~~Otherwise~~Or, it ~~may show~~shows that the Form W-2 wage totals we have in our records are less than those ~~that are~~ on the Forms 941, 943, 944 or Schedule H (Form 1040) returns you filed with the IRS.

We have enclosed a pamphlet entitled *Name* ~~that includes~~with information to help you complete the questionnaire. ~~Also see~~Or, you can go to “Reconciliation Process” at URL.

For your convenience we have also enclosed a self-addressed envelope. If you cannot use the envelope, please mail the completed questionnaire and requested information ~~only~~ to:

address

We cannot correct your employees' wage records unless you give us the information that we requested. This information is important, ~~because it~~It could affect your employees' rights to future Social Security benefits and the amount of those benefits. Please make sure that the information you give us will resolve the problem. Always keep your wage records for four (4) years to back up your wage and tax reports, ~~should in case~~ SSA or ~~the~~ IRS have questions about them ~~at a later~~ date.

If We Do Not Receive This Information

If you do not send the information we need, ~~to correct your employees' wage records~~, we will refer this matter to the IRS. If the IRS finds that you made a reporting error, **they may charge you a penalty.**

If You Have Any Questions

If you have any questions ~~that cannot be~~not answered by the enclosed pamphlet or the website, please write to us at the above address or call us at phone between 7:00 A.M. and 7:00 P.M., Eastern time, Monday through Friday.

PRIVACY/PAPERWORK ACT NOTICE

Missing and Discrepant Wage Reports and Letter Questionnaire, SSA-L-93-SM Privacy Act Statement

Collection and Use of Personal Information

Section 205(c)(2)(A) of the Social Security Act, as amended (42 U.S.C. 405(c)(2)(A)), authorizes us to collect this information. We will use the information you provide to help us to properly credit the earnings records for your employees. The information you provide on this form is voluntary.

However, failure to provide all or part of the requested information will result in referral of your case to the Internal Revenue Service.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. 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 for Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives 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 agencies 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 Notices entitled Earnings Recording and Self-Employment Income System 60-0059. The notice, additional information regarding this form, and information regarding our system and programs, are available on-line at URL 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 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: address.***

SSA L-93

READABILITY:

Before OOG Revision

Notice (without Privacy Act/Paperwork Reduction Notice): 4% passive; Grade Level 10.4

Entire Notice (including Privacy Act/Paperwork Reduction Notice): 2% passive; Grade level 11.9

After OOG Revision

Notice (without Privacy Act/Paperwork Reduction Notice): 0% passive; Grade Level 9.0

Entire Notice (including Privacy Act/Paperwork Reduction Notice): 0% passive; Grade level 11.0