SOCIAL SECURITY					
Refer to:	<del></del>	,			
			Date:		
•			Social Security Number		
			Worker's Name:		
			Telephone: Area Code:		
So that we may determine please furnish the amount checked below. If no wa	it of gross wages earned	by the employee in	ocial Security benefits, each of the months		
Please note that we need calendar month, regardle the amount in the totals f	ess of the amounts paid.	arned for services per If the employee rece	rformed within the eived cash tips, include		
We appreciate your cooperation in furnishing this information. An envelope requiring no postage is enclosed for your convenience.					
Sincerely yours,					
Emplogumo					
Enclosure	70.1				
Year If the amount of wages for each month is the same, enter the monthly amount here. \$					
January \$	April \$	July \$	October \$		
February	May	August	November		
March	June	September	December		
See other side for additional years (check if applicable).					
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 to 50 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is 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.  I declare under penalty of perjury 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.  EMPLOYER  AREA CODE AND TELEPHONE NO.					
	<u>,                                      </u>				
SIGNATURE	TITLE		DATE		

Year	If the amount of wages for each month is the same, enter the monthly amount here. \$				
January \$	April \$	July \$	October \$		
February	May	August	November		
March	June	September	December		
If the amount of wages for each month is the same, enter the monthly amount here. \$					
January \$	April \$	July \$	October \$		
February	May	August	November		
March	June	September	December		
Year  January \$  February  March	If the amount of monthly amount of monthly amount of monthly amount of monthly amount of the second	of wages for each month in there. \$	October \$		
Year If the amount of wages for each month is the same, enter the monthly amount here. \$					
January \$	April \$	July \$	October \$		
February	May	August	November		
March	June	September	December		
I declare under penalty of perjury 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.					
SIGNATURE	TITLE	DAT	Е		

## **Privacy Act Statement**

## Collection and Use of Personal Information

20 CFR 404.703 authorizes us to collect this information. The information you provide will be used to determine your employee's eligibility for Social Security Benefits.

The information you furnish on this form is voluntary. However, we need your cooperation to assure that the above-named person's wage record is accurate and that we can correctly determine eligibility for Social Security benefits.

We rarely use the information you supply for any purpose other than for determining continued 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 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.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.ssa.gov or at your local Social Security office.