

Supplemental Security Income Telephone Wage Report - Instructions

Beneficiaries, deemors and representative payees reporting a change in wages can report their monthly wages to SSA by telephone. These instructions explain what beneficiaries, deemors, and representative payees need to do in order to use the SSA phone system to report monthly wages. Using the following charts to help you calculate your monthly wages is voluntary. Beneficiaries, deemors and representative payees who would rather not report wages by telephone can use traditional reporting methods such as mailing or bringing paystubs into their local Social Security office. Monthly telephone reporters who experience technical difficulties should contact their local field office for assistance.

When you should call to report wages

You should call to report wages during the first six (6) days of the month. You can choose which of the six days to call. But, you will not be able to report wages using the special 800 number after the sixth day of the month.

Things you need to have before you to report wages by telephone

- The Social Security number of the person who is reporting wages (the caller)
- The Social Security number of the wage earner
- The TOTAL amount of gross wages for the wage earner. Gross wages are the amount of pay before taxes and other deductions.
- The Social Security number of the person who is eligible to receive SSI benefits
- The **caller's** name as it appears on their Social Security card

How to figure the total wages for each month

Fill in the blanks on the attached worksheets. Use your worksheet to report wages when you call the 800 number.

Who is the Wage Earner?

A wage earner is the person who is working and receiving wages or payment for working. You are the wage earner if you are working and you are reporting your own wages. If you are calling to report someone else's wages, then the wage earner is the person whose wages you are reporting wages.

How to fill-in the worksheet

Date Paid

Use **Box A** to show the date paid (payday).

Date Paid is the date (Month, Day, Year) the wage earner is paid (pay day)

Gross Wages

Use **Box B** to show the gross amount of wages. Enter dollar and cents (\$ XXX. cc).

Use the wage earner's pay stub to find the gross wages. Gross wages are the amount of pay before taxes and other deductions. Do **not** enter net wages, the amount of take home pay on the paycheck or the direct deposit amount to your bank. Do **not** enter the total wages for the year also called the year-to-date (YTD) amount.

Use a Separate Line for Each Pay

You should fill-in a line for each pay date in a month.

If the wage earner is paid 2 times a month, you should you will fill-in **Line 1** and **Line 2**.

If the wage earner is paid 3 times a month, you should you will fill-in **Line 1**, **Line 2** and **Line 3**

If the wage earner is paid 4 times a month, you should you will fill-in **Line 1**, **Line 2**, **Line3**, and **Line 4**

If the wage earner is paid 5 times a month, you should you will fill-in **Line 1**, **Line 2**, **Line 3**, **Line 4** and **Line 5**

If the wage earner gets an extra check for special pay such as an award, bonus, or unused vacation, or any other reason, use a separate line to enter the pay date and gross wages

How Wage Earner Paid	Number of Pays a Month
Paid Weekly	4 Pays or 5 Pays
Paid Bi-Weekly (Every 2 Weeks)	2 or 3 Pays
Paid Bi-Monthly	2 Pays
Paid Monthly	1 Pay

Total Gross Wages

Use **Box C** to enter the total amount of gross wages.

Add together all gross wages in **Box B** for each line where you have wages amounts. This is your total. Put the total in **Box C TOTAL**.

Please double check that you only include dates and amounts that you received in the month shown at the top of the page.

You are now ready to call in and report total gross wages earned.

Call 1-866-772-0953 now and make your report.

Paperwork Reduction Act Statement

See Revised PRA
Statement

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 you an average of 5 minutes to read the instructions, gather the facts and respond.

You may send comments on our estimate of the time needed to complete the Supplemental Security Income Telephone Wage Report - Instructions to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed report. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office.

The OMB control number for the Supplemental Security Income Telephone Wage Reporting System and the associated instructions package is 0960-0715; expiration date 09/30/2010.

Supplemental Security Income
Wages for October 2009

Wages for **OCTOBER**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Days to report in **NOVEMBER**

S	M	T	W	T	F	S
1	2	3	4	5	6	

		BOX A					BOX B								
Line 1	Date Paid:	October	___	,	2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 2	Date Paid:	October	___	,	2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 3	Date Paid:	October	___	,	2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 4	Date Paid:	October	___	,	2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 5	Date Paid:	October	___	,	2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 6	Date Paid:	October	___	,	2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
		BOX C			TOTAL		\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
						Gross Wages									



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
OCTOBER 2009

Call 1-866-772-0953 now and make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for November 2009

Wages for NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Days to report in DECEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6						

		BOX A		BOX B									
Line 1	Date Paid:	November	___, 2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 2	Date Paid:	November	___, 2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 3	Date Paid:	November	___, 2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 4	Date Paid:	November	___, 2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 5	Date Paid:	November	___, 2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 6	Date Paid:	November	___, 2009	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
		BOX C	TOTAL	Gross Wages	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
NOVEMBER 2009

Call 1-866-772-0953 now and make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for December 2009

Wages for DECEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days to report in JANUARY, 2010

S	M	T	W	T	F	S
					1	2
3	4	5	6			

		BOX A		BOX B						
Line 1	Date Paid:	December	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	December	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	December	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	December	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	December	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	December	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		BOX C		TOTAL	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Gross Wages		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
DECEMBER 2009

Call 1-866-772-0953 now and make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for January 2010

Wages for **JANUARY, 2010**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Days to report in **FEBRUARY**

S	M	T	W	T	F	S
	1	2	3	4	5	6

		BOX A		BOX B					
Line 1	Date Paid: January _____, 2010	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid: January _____, 2010	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid: January _____, 2010	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid: January _____, 2010	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid: January _____, 2010	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid: January _____, 2010	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		BOX C	TOTAL Gross Wages	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JANUARY 2010

Call 1-866-772-0953 now and make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for February 2010

Wages for FEBRUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Days to report in MARCH

S	M	T	W	T	F	S
	1	2	3	4	5	6

		BOX A				BOX B							
Line 1	Date Paid:	February	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 2	Date Paid:	February	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 3	Date Paid:	February	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 4	Date Paid:	February	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 5	Date Paid:	February	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 6	Date Paid:	February	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
		BOX C		TOTAL	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
				Gross Wages									

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
FEBRUARY 2010

Call 1-866-772-0953 now and make your report
KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for March 2010

Wages for MARCH

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days to report in APRIL

S	M	T	W	T	F	S
				1	2	3
4	5	6				

		BOX A		BOX B	
Line 1	Date Paid:	March	___, 2010	Gross Wages: \$	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Line 2	Date Paid:	March	___, 2010	Gross Wages: \$	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Line 3	Date Paid:	March	___, 2010	Gross Wages: \$	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Line 4	Date Paid:	March	___, 2010	Gross Wages: \$	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Line 5	Date Paid:	March	___, 2010	Gross Wages: \$	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Line 6	Date Paid:	March	___, 2010	Gross Wages: \$	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
		BOX C	TOTAL	\$	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
			Gross Wages		



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
MARCH 2010

Call 1-866-772-0953 now and make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for April 2010

Wages for APRIL

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Days to report in MAY

S	M	T	W	T	F	S
						1
2	3	4	5	6		

		BOX A		BOX B									
Line 1	Date Paid:	April	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 2	Date Paid:	April	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 3	Date Paid:	April	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 4	Date Paid:	April	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 5	Date Paid:	April	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 6	Date Paid:	April	___,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
		BOX C		TOTAL	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
				Gross Wages									

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
APRIL 2010

Call 1-866-772-0953 now and make your report
KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for May 2010

Wages for **MAY**

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Days to report in **JUNE**

S	M	T	W	T	F	S
		1	2	3	4	5
6						

		BOX A				BOX B	
Line 1	Date Paid: May _____, 2010			Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid: May _____, 2010			Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid: May _____, 2010			Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid: May _____, 2010			Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid: May _____, 2010			Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid: May _____, 2010			Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
		BOX C	TOTAL	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
MAY 2010

Call 1-866-772-0953 now and make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for June 2010

Wages for **JUNE**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Days to report in **JULY**

S	M	T	W	T	F	S
				1	2	3
4	5	6				

		BOX A				BOX B	
Line 1	Date Paid:	June	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2010		<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	June	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2010		<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	June	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2010		<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	June	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2010		<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	June	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2010		<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	June	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2010		<input type="text"/>	<input type="text"/>	<input type="text"/>
		BOX C		TOTAL	\$	<input type="text"/>	<input type="text"/>
				Gross		<input type="text"/>	<input type="text"/>
				Wages		<input type="text"/>	<input type="text"/>



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JUNE 2010

Call 1-866-772-0953 now and make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for July 2010

Wages for **JULY**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Days to report in **AUGUST**

S	M	T	W	T	F	S
1	2	3	4	5	6	

		BOX A		BOX B									
Line 1	Date Paid: July _____, 2010			Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 2	Date Paid: July _____, 2010			Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 3	Date Paid: July _____, 2010			Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 4	Date Paid: July _____, 2010			Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 5	Date Paid: July _____, 2010			Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 6	Date Paid: July _____, 2010			Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
		BOX C		TOTAL	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
				Gross Wages									

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JULY 2010

Call 1-866-772-0953 now and make your report
KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for August 2010

Wages for **AUGUST**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Days to report in **SEPTEMBER**

S	M	T	W	T	F	S
			1	2	3	4
5	6					

		BOX A		BOX B						
Line 1	Date Paid: August _____, 2010		Gross Wages: \$	□	□	□	□	□	□	□
Line 2	Date Paid: August _____, 2010		Gross Wages: \$	□	□	□	□	□	□	□
Line 3	Date Paid: August _____, 2010		Gross Wages: \$	□	□	□	□	□	□	□
Line 4	Date Paid: August _____, 2010		Gross Wages: \$	□	□	□	□	□	□	□
Line 5	Date Paid: August _____, 2010		Gross Wages: \$	□	□	□	□	□	□	□
Line 6	Date Paid: August _____, 2010		Gross Wages: \$	□	□	□	□	□	□	□
		BOX C	TOTAL	\$	□	□	□	□	□	□
			Gross Wages		□	□	□	□	□	□

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
AUGUST 2010

Call 1-866-772-0953 now and make your report

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Supplemental Security Income
Wages for September 2010

Wages for SEPTEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Days to report in OCTOBER

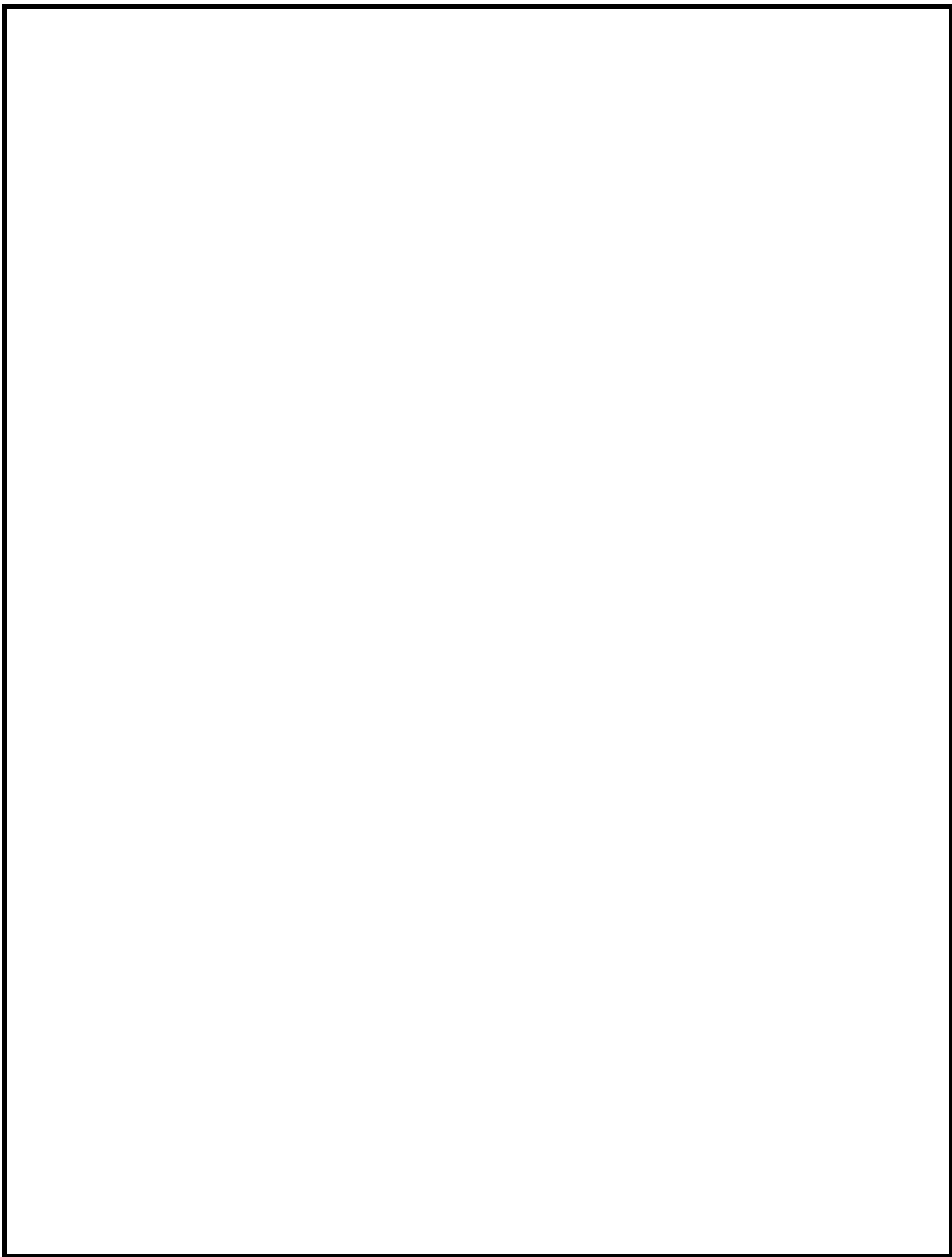
S	M	T	W	T	F	S
					1	2
3	4	5	6			

		BOX A		BOX B						
Line 1	Date Paid:	September	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	September	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	September	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	September	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	September	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	September	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		BOX C	TOTAL	Gross Wages	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
September 2010

Call 1-866-772-0953 now and make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS



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

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 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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.*