

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

Report wages during the first 6 days of the month. You can choose which of the 6 days to call. But, you will not be able to report wages using the special 800 number after the sixth day of the month. If you miss reporting wages during the first 6 days of the month, report the wages to your local Social Security office.

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 received by the wage earner. Gross wages are the amount of pay before taxes and other deductions
- 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.

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 dollars and cents (\$ X,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 fill-in **Line 1** and **Line 2**.

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

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

If the wage earner is paid 5 times a month, you should 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 wage 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 received.

IMPORTANT: Please be sure to report wages from a quiet location, since background noise may cause the report to fail.

Remember, consistent monthly wage reporting helps prevent SSI overpayments and underpayments.

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

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.

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 report.

The OMB control number for the Supplemental Security Income Telephone Wage Reporting System and the associated instructions package is 0960-0715; expiration date 07/31/2013.

Supplemental Security Income Wages for October 2012

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	___,	Gross Wages: \$	<input type="text"/>	<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:	October	___,	Gross Wages: \$	<input type="text"/>	<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:	October	___,	Gross Wages: \$	<input type="text"/>	<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:	October	___,	Gross Wages: \$	<input type="text"/>	<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:	October	___,	Gross Wages: \$	<input type="text"/>	<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:	October	___,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>
		Gross Wages										

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
OCTOBER 2012

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 2012

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	Date Paid:	November	____,	Gross									
1			2012	Wages:	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line	Date Paid:	November	____,	Gross									
2			2012	Wages:	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line	Date Paid:	November	____,	Gross									
3			2012	Wages:	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line	Date Paid:	November	____,	Gross									
4			2012	Wages:	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line	Date Paid:	November	____,	Gross									
5			2012	Wages:	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line	Date Paid:	November	____,	Gross									
6			2012	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"/>	<input type="text"/>

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
NOVEMBER 2012

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 2012

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,**
2013

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

	BOX A			BOX B									
Line 1	Date Paid:	December	___, 2012	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	___, 2012	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	___, 2012	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	___, 2012	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	___, 2012	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	___, 2012	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"/>	<input type="text"/>

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
DECEMBER 2012

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 2013

Wages for **JANUARY, 2013**

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	___, 2013	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 2	Date Paid:	January	___, 2013	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 3	Date Paid:	January	___, 2013	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 4	Date Paid:	January	___, 2013	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 5	Date Paid:	January	___, 2013	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 6	Date Paid:	January	___, 2013	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"/>	<input type="text"/>



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JANUARY 2013

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 2013

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"/>	<input type="text"/>
			Gross Wages										

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
FEBRUARY 2013

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 2013

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

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	___,	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	___,	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	___,	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	___,	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	___,	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	___,	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 2013

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 2013

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"/>	<input type="text"/>
			Gross Wages										



Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
APRIL 2013

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 2013

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 _____, 2013		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: May _____, 2013		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: May _____, 2013		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: May _____, 2013		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: May _____, 2013		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: May _____, 2013		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	\$	<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
MAY 2013

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 2013

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 _____, 2013	Gross Wages: \$		<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 2	Date Paid: June _____, 2013	Gross Wages: \$		<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 3	Date Paid: June _____, 2013	Gross Wages: \$		<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 4	Date Paid: June _____, 2013	Gross Wages: \$		<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 5	Date Paid: June _____, 2013	Gross Wages: \$		<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
Line 6	Date Paid: June _____, 2013	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"/>	<input type="text"/>

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JUNE 2013

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 2013

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 _____, 2013	Gross Wages: \$	<input type="text"/>	<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: July _____, 2013	Gross Wages: \$	<input type="text"/>	<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: July _____, 2013	Gross Wages: \$	<input type="text"/>	<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: July _____, 2013	Gross Wages: \$	<input type="text"/>	<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: July _____, 2013	Gross Wages: \$	<input type="text"/>	<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: July _____, 2013	Gross Wages: \$	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JULY 2013

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 2013

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	___	,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 2	Date Paid:	August	___	,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 3	Date Paid:	August	___	,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 4	Date Paid:	August	___	,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 5	Date Paid:	August	___	,	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 6	Date Paid:	August	___	,	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
AUGUST 2013

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

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income
Wages for September 2013

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**

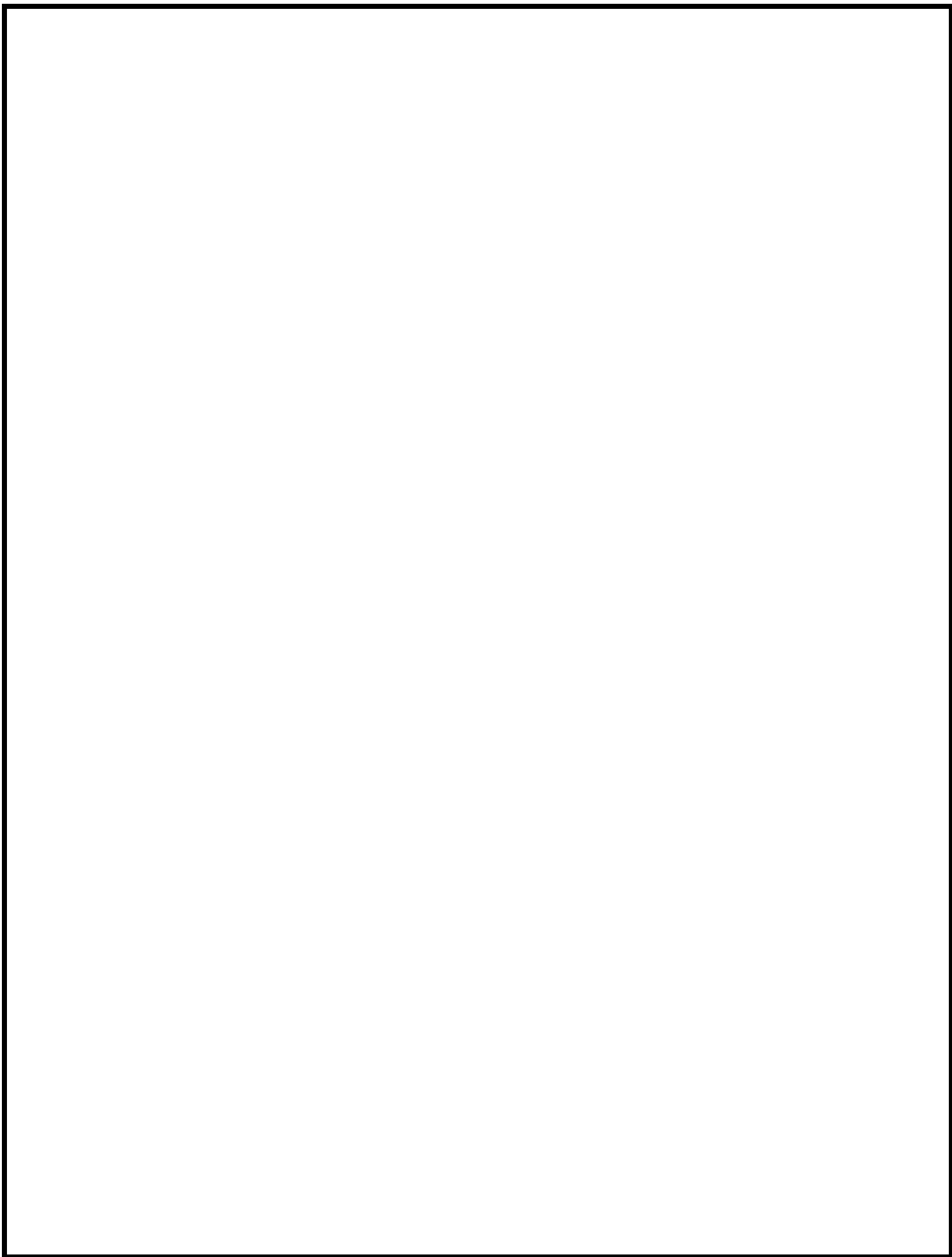
S	M	T	W	T	F	S
		1	2	3	4	5
6						

	BOX A			BOX B								
Line 1	Date Paid:	September	____, 2013	Gross Wages: \$	<input type="text"/>	<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:	September	____, 2013	Gross Wages: \$	<input type="text"/>	<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:	September	____, 2013	Gross Wages: \$	<input type="text"/>	<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:	September	____, 2013	Gross Wages: \$	<input type="text"/>	<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:	September	____, 2013	Gross Wages: \$	<input type="text"/>	<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:	September	____, 2013	Gross Wages: \$	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>

↑
Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
September 2013

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

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS



Privacy Act Statement Collection and Use of Personal Information

Sections 205a and 1631 of the Social Security Act (42 U.S.C. §§ 405a, 1383), as amended, and Executive Order 9397, as amended, authorize us to collect this information, including your Social Security number. We will use the information you provide us to determine eligibility for Supplemental Security Income.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on Supplemental Security Income benefits.

We rarely use the information you supply for any purpose other than for making a determination relating to Supplemental Security Income benefits. 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:

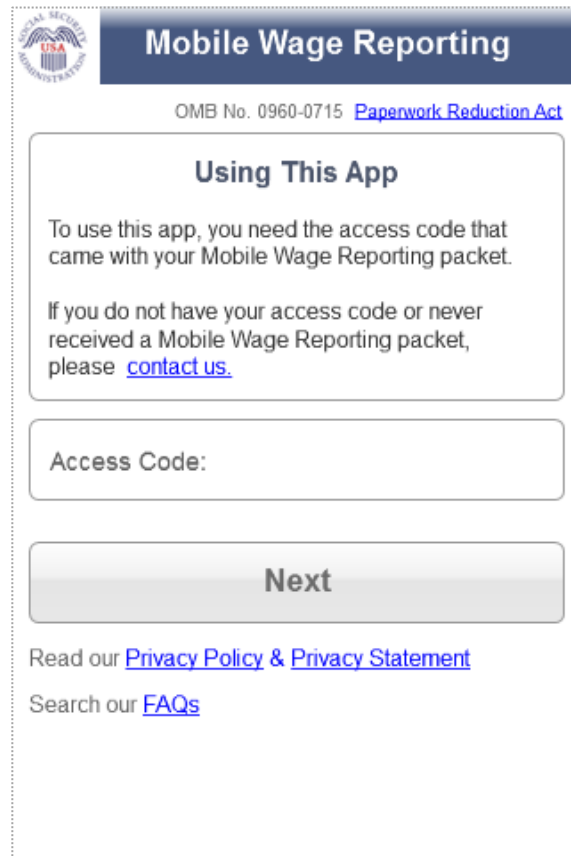
1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' 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 (e.g., to the Bureau of the Census and private entities under contract with us).

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 Notice entitled, Supplemental Security Income Record, 60-0103. This notice, additional information, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.

Screen Images and Interactions

Access Code Entry



The screenshot shows a mobile application interface for "Mobile Wage Reporting". At the top left is the Social Security Administration logo. The title "Mobile Wage Reporting" is in a dark blue header. Below the header, the OMB No. 0960-0715 and a link to the Paperwork Reduction Act are displayed. The main content area is titled "Using This App" and contains instructions on how to use the app, including a link to "contact us" if the user does not have an access code. Below the text is a text input field labeled "Access Code:". At the bottom of the input area is a large "Next" button. Below the button are two more links: "Read our Privacy Policy & Privacy Statement" and "Search our FAQs".

 **Mobile Wage Reporting**

OMB No. 0960-0715 [Paperwork Reduction Act](#)

Using This App

To use this app, you need the access code that came with your Mobile Wage Reporting packet.

If you do not have your access code or never received a Mobile Wage Reporting packet, please [contact us](#).

Access Code:

Next

Read our [Privacy Policy & Privacy Statement](#)

Search our [FAQs](#)

Terms of Service



Terms of Service

**Wage Reporting
Terms of Service**

Terms of Service

I have read and agree to the Terms of Service above.

I understand that the Social Security Administration will verify the information I provide against the information in Social Security's files.

I understand that Social Security may prevent me from using this service if Social

I Agree **I Do Not Agree**

Full Terms of Service wording:

- I understand that this application contains U.S. Government information.
- I consent to the monitoring of my use of this application to ensure its appropriate use.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records; or
 - Deceive the Social Security Administration of an individual's identity.
- I understand that unauthorized use of, or access to, this application may subject me to criminal or civil penalties, or both.
- I understand that if I am submitting wages for someone else, I must have his or her permission to do so.
- I understand that Social Security may stop me from using this service if it finds or suspects misuse.

Mobile SSI Wage Reporting Screen Package

Enter PII

1st Appearance of Screen
(Before Errors - Empty)

Verify 

Your Information

First Name:

Last Name:


(Other Last Name):

Date of Birth:

SSN:

Next

2nd / 3rd Appearance of Screen
(After Errors - prepopulated)

Verify 

Your Information

First Name: Mary

Last Name: Jones

(Other Last Name):


Date of Birth: 04/01/1972

SSN: 125-00-8472

Next

Confirm PII

Standard Name Display

Confirm 


Your Information

Name: Mary Jones
Date of Birth: 04/01/1972
Social Security Number: 125-00-8472

Next

Edit

With Other Last Name Displayed

Confirm 

Your Information

Name: Mary Jones (Smith)
Date of Birth: 04/01/1972
Social Security Number: 125-00-8472

Next

Edit

Reporting Path Choice

Reporting For... 

I am reporting wages for


Myself

Other person(s)

Both

Next

Wage Entry for Self


Enter Wages 

Your wages for February 2012

\$

Next

Confirm Wage Report for Self

Confirm Wage Report 

Your wages for February 2012

Wages: \$347.25


Submit

Edit

Mobile SSI Wage Reporting Screen Package

SSN and Wage Entry for Other

1st Appearance of Screen
(Before Errors - Empty)

Enter Wages 

Social Security number of the person you are reporting for


SSN:

Their wages for February 2012

\$

Next

2nd / 3rd Appearance of Screen
(After Errors - prepopulated)

Enter Wages 

Social Security number of the person you are reporting for

SSN: 967-00-3729

Their wages for February 2012

\$ 218.46

Next

Confirm Wage Report for Other

Confirm Wage Report 

February 2012 wage report for


SSN: 967-00-3729

Wages: \$218.46

Submit

Edit

Interim Successful Submission

Submission Complete 

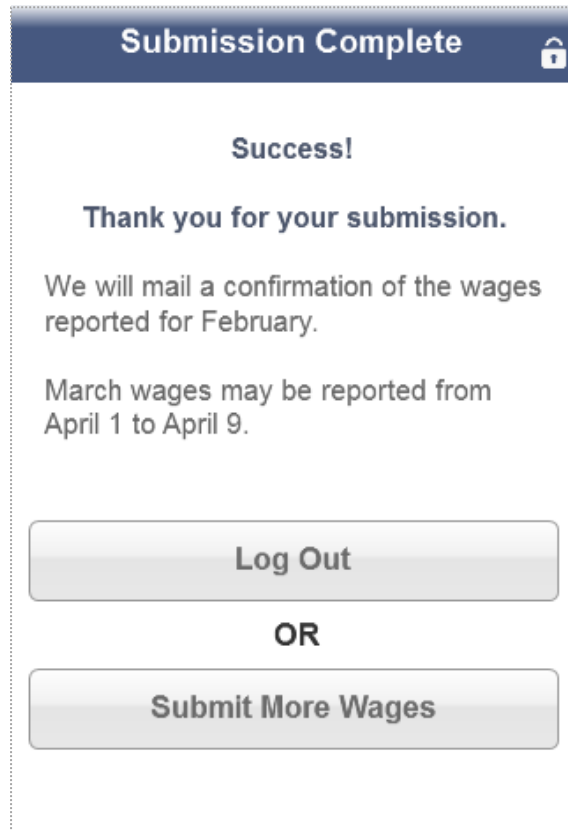
**Your wage submission
was successful.**

You indicated that you have wages to
report for someone else.

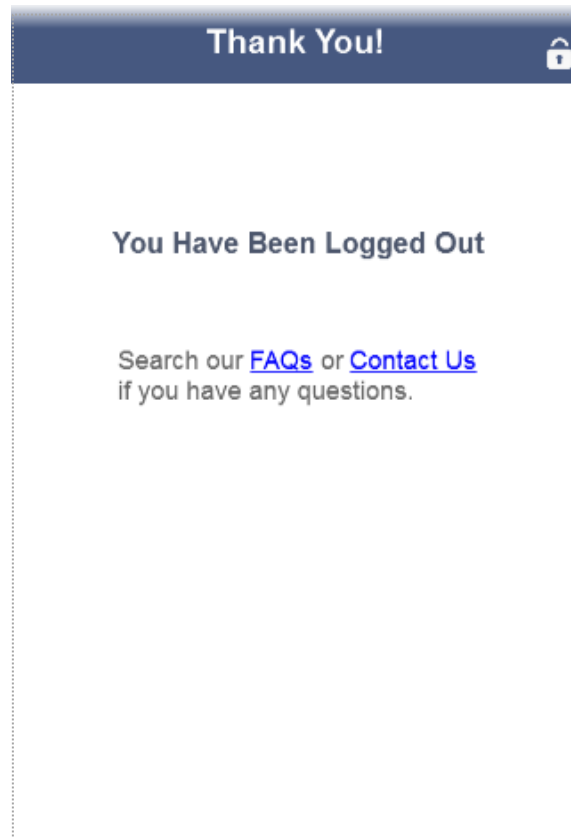
Do you want to submit those wages?

Yes **No**


Final Successful Submission



Log Out Confirmation



Privacy Act Statement

Privacy Act Statement 

**Supplemental Security Income
Mobile Wage Reporting Application**

Title 5 U.S.C. sections 205(a) and 1631(e), and Executive Order 9397, as amended, authorize us to collect this information. We will use the information you provide to determine eligibility for Supplemental Security Income.

Furnishing us this information is voluntary. However, failure to provide all or part of the information could prevent us from making an accurate and timely decision on Supplemental Security Income benefits.

Return

Full Privacy Act Statement Wording:

Sections 205(a) and 1631 of the Social Security Act (42 U.S.C. §§ 405a, 1383), as amended, and Executive Order 9397, as amended, authorize us to collect information needed for wage reporting, including your Social Security number. We will use the information you provide us to determine eligibility for Supplemental Security Income.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on Supplemental Security Income benefits.

We rarely use the information you supply for any purpose other than for making a determination relating to Supplemental Security Income benefits. However, we may use it for the administration and integrity of Social Security programs. We also may disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:


Mobile SSI Wage Reporting Screen Package

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 (e.g., to the Bureau of the Census and private entities under contract to Social Security).

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. We use information from these matching programs 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 Notice entitled, Supplemental Security Income. See below for revised Privacy Act Statement. This notice, additional information, and information regarding our program is available on-line at www.socialsecurity.gov or at your local office.

Paperwork Reduction Act

Paperwork Reduction Act 

**Supplemental Security Income
Mobile Wage Reporting Application**

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 3 minutes to read the instructions, gather the facts, and answer the questions.

Return

Full Paperwork Reduction Act Wording:

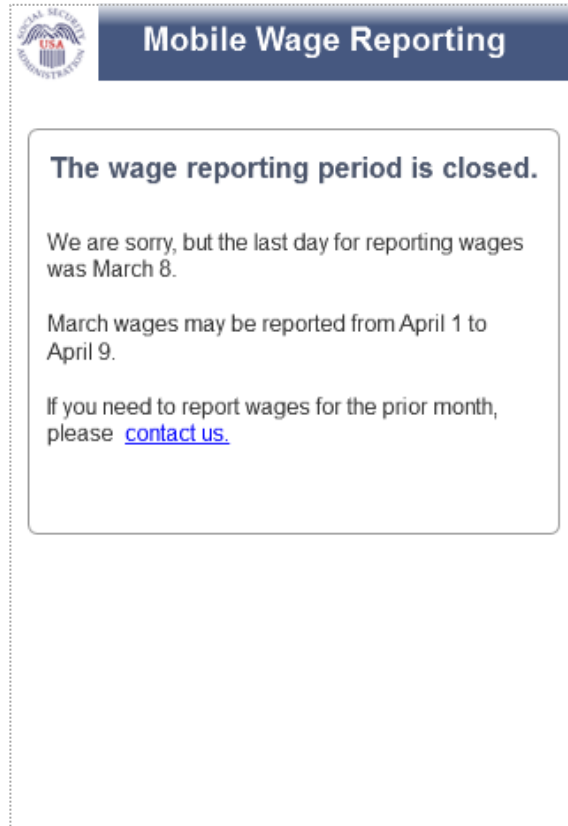
This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions.

*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 report.***

The OMB control number for the Supplemental Security Income Telephone Wage Reporting System and the associated instructions package is 0960-0715; expiration date 07/31/2013.


Error Message Screens

Wage Reporting Period Closed




The screenshot shows a mobile application interface for wage reporting. At the top left is the Social Security Administration logo. To its right is a dark blue header bar with the text "Mobile Wage Reporting" in white. Below the header is a white message box with a thin border. The message box contains the following text: "The wage reporting period is closed." followed by "We are sorry, but the last day for reporting wages was March 8." Then, "March wages may be reported from April 1 to April 9." and finally "If you need to report wages for the prior month, please [contact us.](#)"

Service Unavailable



Service Unavailable


 **Service Unavailable**

We apologize, but this service is not available at this time.


This service is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 11:00 PM
Saturday: 5:00 AM - 11:00 PM
Sunday: 8:00 AM - 10:00 PM
Holidays: 5:00 AM - 11:00 PM

Cannot Connect



Cannot Connect



Cannot Connect

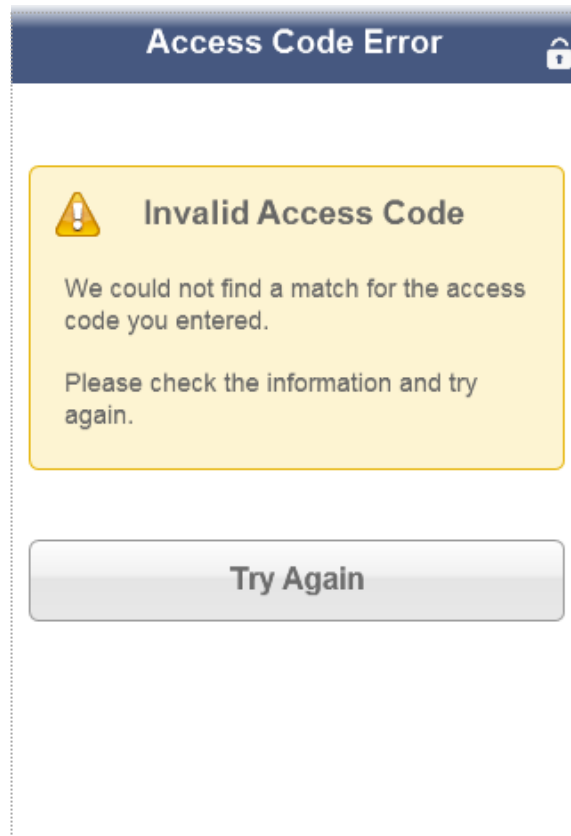
We apologize, but the device you are using cannot connect with the application at this time.

This may be because of an issue with the application or your Internet connection.

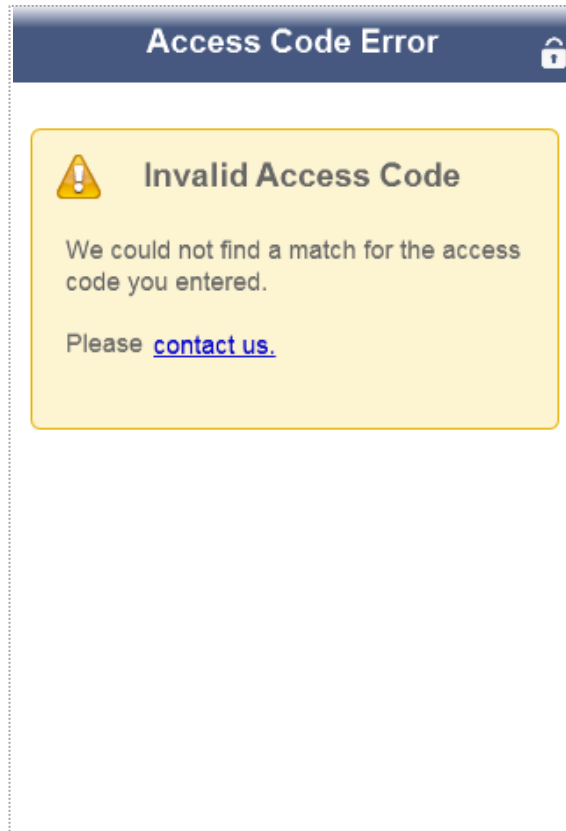
Please check your Internet connection and try again.

If your Internet connection is not the issue, please try again later, or call 1-866-772-0953 to report wages.

Access Code Error: 1st and 2nd Strikes



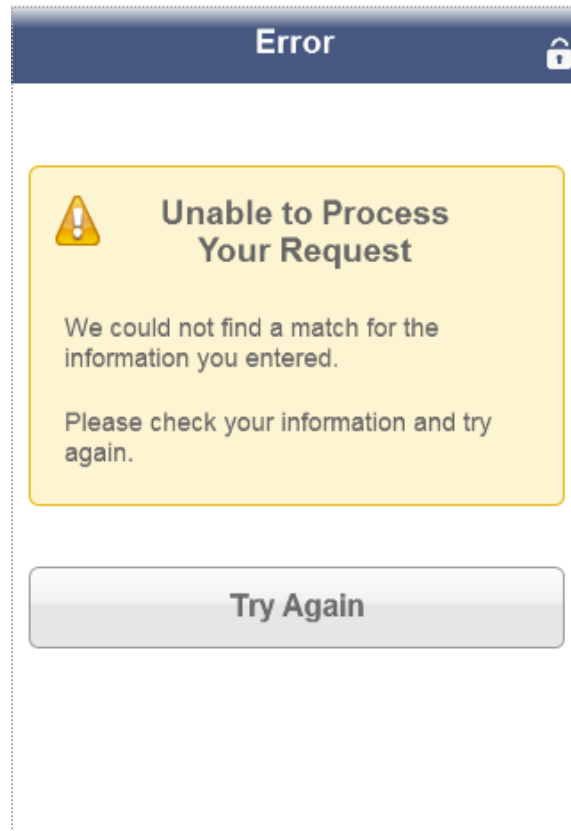
Access Code Error: 3rd Strike



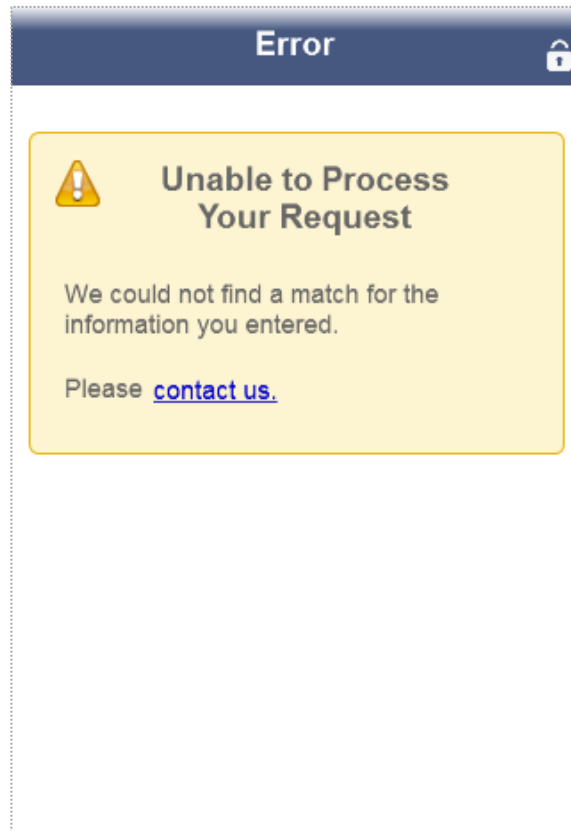
In-line Field Error (example)

The screenshot shows a mobile application screen titled "Verify" with a lock icon in the top right corner. Below the title is a section header "Your Information". The form contains several input fields: "First Name: Mary", "Last Name: Jones", "(Other Last Name):", and "Date of Birth: 04/01/1972". Below the date field is a red error message: "SSN must be 9 characters". The "SSN:" field is highlighted with a red border, indicating the error. At the bottom of the form is a "Next" button.

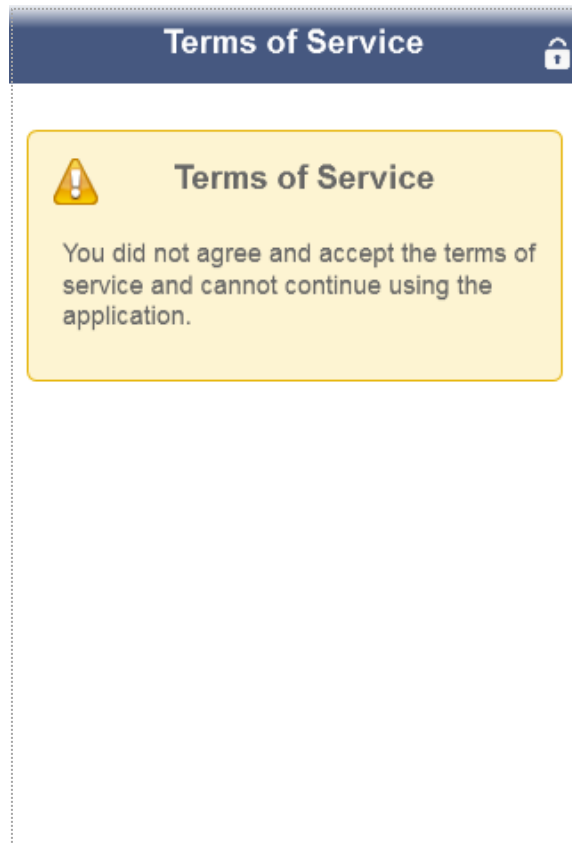
Verification/Exclusion Check Error: 1st and 2nd Strikes



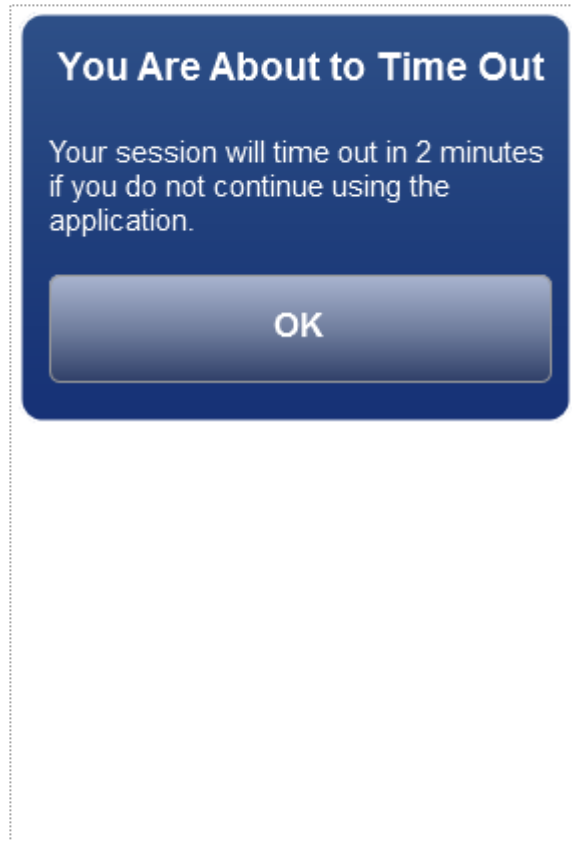
Verification/Exclusion Check Error: 3rd Strike



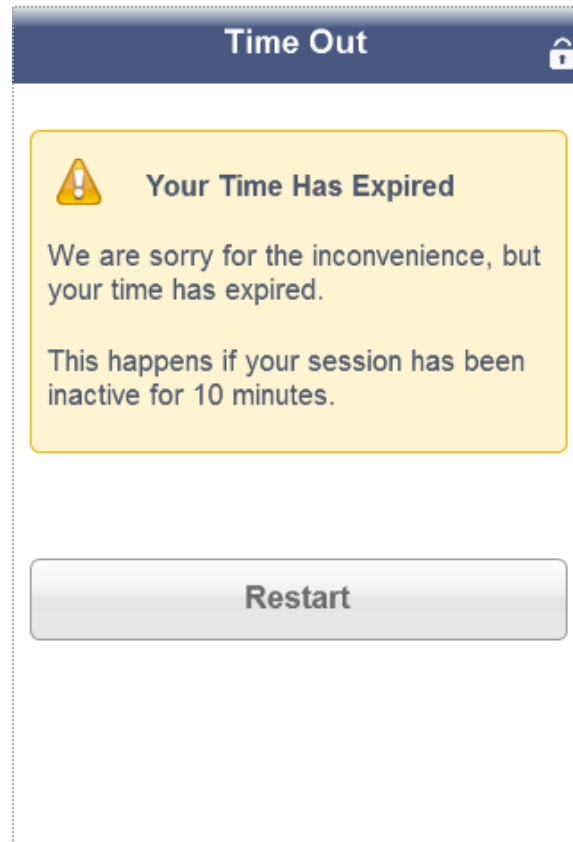
Terms of Service Refusal



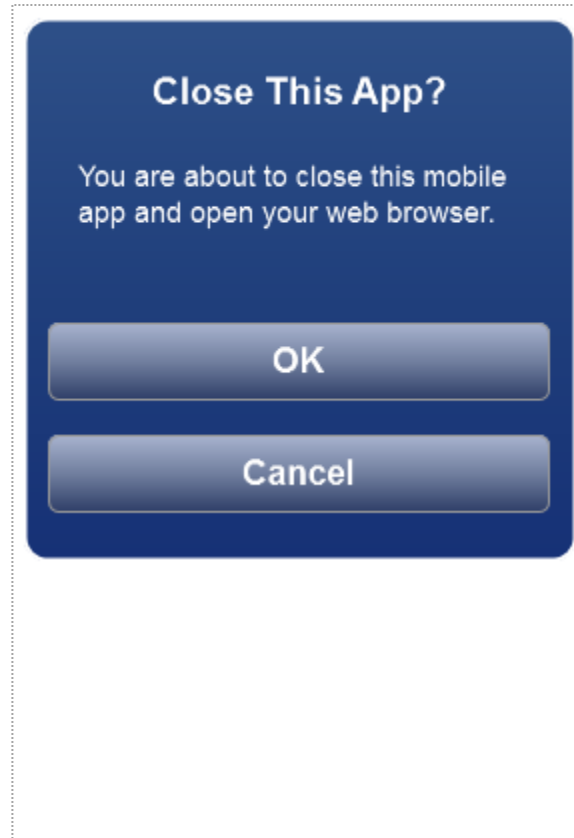
Time Out Warning



Time Out Error



Close This App Warning



Privacy Act Statement Collection and Use of Personal Information

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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 (e.g., to the Bureau of the Census and private entities under contract with us).

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A complete list of routine uses for this information is available in Systems of Records Notice entitled, Supplemental Security Income Record, 60-0103. This notice, additional information, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.