Form Approved OMB No. 0960-0505

Social Security Administration Retirement, Survivors, and Disability Insurance Request for Employer Information

Social Security Administration Data Operations Center P.O. Box 40 Wilkes Barre, PA 18767-0040

Date:

Sequence Number:

Employer Number:

We are writing to you about your Form W-2, Wage and Tax Statement, for the employee shown below. Our records show that the employee is a young child. Therefore, we need your help to resolve some questions before we can add the wages to the employee's earnings record.

Employee's Name: Social Security Number: Reported Earnings: Tax Year:

Please fill in the information on the back of this form and mail it to us in the enclosed envelope. If possible, verify the number on the employee's Social Security card and check your records to give us the information requested.

If you have any questions, you may call us toll free at 1-800-772-6270 from 7:00 a.m. to 7:00 p.m. Eastern Time. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.

Social Security Administration

Enclosure: Envelope

3231-12 RETURN THE ORIGINAL - NOT A COPY

Social Security Request for Employee Information

Name: First			
First	N/ I		
	M.I.	Last	
Enter the Social Security num	mber from your records:		
Social Security Number:			
Enter the employee's date of	birth: Month Day Year	and Sex M F]
What is the latest address yo	•		
		<u> </u>	-
What was the employee's job	?		. ,
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Privacy Act Statement Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to give the employee credit for the correct amount of wages.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from giving the employee credit for the correct amount of wages.

We rarely use the information you supply for any purpose other than for determining continuing eligibility. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not linited 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 concerns 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. 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, Earnings Recording and Self-Employment Income System, 60-0059. This notice, 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.

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.

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.