

Social Security Administration
Retirement, Survivors, and Disability Insurance
Request for Self-Employment Information

Social Security Administration
Data Operations Center
P.O. Box 39
Wilkes-Barre, PA 18767-0039

Date:

Sequence Number:

Employer Number:

We need more information about self-employment earnings reported to us by the Internal Revenue Service. Please complete the information on the back of this letter and return it to us promptly. We cannot put these earnings on your Social Security record until the name and Social Security number reported agree with our records.

Name:

Social Security Number:

Reported Net Earnings from Self-Employment:

Tax Year:

THIS IS WHAT YOU NEED TO DO

1. If your Social Security card does not show your correct name or Social Security number, or if you have lost your Social Security card, please call our toll-free number, 1-800-772-1213, or contact your local Social Security office.
2. Compare the information shown above to the Schedule SE of your tax return and your Social Security card.
3. If the name and number shown on the Social Security card:
 - **Agree exactly** with the information shown above, contact your local Social Security office. Do not mail this letter back to us.
 - **Do not agree** with the information shown above, fill in the requested information on the back of this letter. Then mail this letter to us in the enclosed envelope.
4. Make sure that your future tax returns have your correct name and Social Security number.

Si usted necesita una traducción de esta carta, por favor llámenos gratis al, 1-800-772-1213, de lunes a viernes, desde las 7 a.m. hasta las 7 p.m.

Please See Reverse

DO NOT RETURN THIS PAGE

See Revised Privacy Act Statement Attached

THE PRIVACY ACT

Section 205(a) of the Social Security Act allows us to ask for the information on this letter. The information you give us will be used to give you credit for earnings reported. You do not have to give us this information. However, without the information we may not be able to give you credit for wages earned. We may give this information to the Internal Revenue Service for tax administration purposes or to the Department of Justice for investigating and prosecuting violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirement **See Revised PRA Statement** ended by section 2 of the Paperwork Reduction Act of 1995. **See Revised PRA Statement** wer 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 related to our time estimate to this address, not the completed form.*

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

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 205(a) and 205(c)(2)(A) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to give you credit for earnings reported.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from crediting your earned wages.

We rarely use the information you supply us for any purpose other than to make a determination regarding claims and earnings discrepancies. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notice entitled, Earnings Recording and Self-Employment Income System, 60-0059. Additional information about this and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

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 (OMB) control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.***