

Employee Identification Statement

**See Paperwork Reduction
Act/Privacy Act Notice on Reverse**

1.)	Is the Social Security number on the letter the same as on your records? →	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If "No," what do your records show?					
2.)	Full Name of Employee					
3.)	(a) Date of Birth	(b) Place of Birth				
4.)	(a) Father's Name	(b) Mother's Name				
4.)	Last Known Address of Employee					
5.)	(a) Physical Description (please provide a copy of photo ID if available)					
	(b) Distinguishing Characteristics					
7.)	Name and Address of Nearest Relative					
6.)	Dates of Employment With Your Company →	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	From	To		
From	To					
7.)	Business Name of Employer					
8.)	Employer's Federal Identification Number					
9.)	(a) Street Address of Employer					
	(b) City	(c) State				
		(d) Zip Code				

10.)

For signature comparison, please send a photocopy of the individual's form W-4, if available.

Signature (First name, middle initial, last name) (Write in ink)

Date (month, day, year)

**SIGN
HERE** 

Telephone Number (include Area Code)

Print Name

Title

Privacy Act Notice

See Revised Privacy Act Statement Attached

This report is authorized by law 20 CFR 404.702. While your response is voluntary, your cooperation is needed to assure that the above named person's wage record is accurate and that a correct determination of eligibility for Social Security benefits is made.

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.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.

See Revised PRA Statement Attached

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 form.*

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

Privacy Act Statement

Collection and Use of Personal Information

Title 20 CFR 404.702 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to assure that a person's wage record is accurate and make a correct determination of eligibility for Social Security benefits.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from assuring that a person's wage record is accurate and prevent us from making a correct determination of eligibility for Social Security benefits.

We rarely use the information you supply for any purpose other than for making a determination about your continuing eligibility 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 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 our Systems of Records Notices entitled, Earnings Recording and Self-Employment Income System, 60-0059 and Master Beneficiary Record, 60-0090. These notices, 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.

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