

Social Security Administration
Retirement, Survivors, and Disability Insurance
Important Information

Return Address
Date:
Claim Number:

BENEFICIARY NAME
ADDRESS
CITY ST ZIP

We need updated information about your work to make sure that we pay you the right amount of Social Security benefits.

What You Need To Do

Please complete the enclosed form to tell us about your work. Please return it as soon as possible in the enclosed envelope. Thank you for taking the time to complete the form. We may contact you again if we need more information.

If You Have Questions

If you have any questions, please:

- Visit our website at www.socialsecurity.gov to find general information about Social Security.
- Call us toll-free at 1-800-772-1213 or call your local office at [phone]. We can answer most questions over the phone. If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778.
- Write or visit any Social Security office. If you plan to visit an office, you may call ahead to make an appointment. The office that serves your area is located at:

[FO ADDRESS]

Please have this letter with you if you call or visit an office. If you write, please include a copy of the first page of this letter. It will help us answer your questions.

Commissioner
of Social Security

Enclosures:
Earnings Estimate Form SSA-9784-SM
Envelope

Estimate Your Earnings for [year]

- In [year], the full retirement age for people born in 1946 is age 66. If you were born on the first day of the month, we consider you to have reached full retirement age in the prior month. For example, if your birthday is November 1, we treat you as if you reached full retirement age in October. This means that if you were born November 1, 1946, you only have to report wages for January through September. Question 1 shows the month you will reach full retirement age.
- If you are paid wages, base your estimate on what you expect to earn before taxes or other deductions for the whole year. Be sure to include bonuses, vacation pay, sick pay, tips of \$20 or more a month, and any contribution that you make from your salary to a tax deferred savings plan.
- Drop from your estimate any money you will get from your employer this year for work you did last year or before. Also, do not include:
 - Social Security, railroad or civil service retirement, veterans, black lung, or public assistance benefits
 - Pensions and other retirement payments which are not reported on your W-2 form
 - Investment income
 - Interest from savings accounts
 - Life insurance annuities and dividends
 - Gifts or inheritances
 - Gain (or loss) from the sale of capital assets
 - Rental income
 - Unemployment or worker's compensation
 - Jury duty payments
- If you are self-employed, base your estimate on what you think your net earnings will be – just like on your tax return. If you become entitled to Social Security benefits **before** [year]:
 - Do not include in your estimate any Federal agricultural program payments you expect in [year]; and
 - Do not include self-employment income received in [year] from carry-over crops for work you did **before** you became entitled to Social Security benefits.
- If you get both wages and income from self-employment, add the two amounts together. The total is your estimate.

Now, you are ready to answer the following questions about your earnings. Again, it is important for us to hear from you.

EARNINGS ESTIMATE

1. How much do you think you will have earned this year in wages before *[Month]*, the month you are full retirement age in *[year]*?

Show your answer in the space below. Use dollar amounts only; round cents to the nearest whole dollar.

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2. How much do you think you will earn in self-employment in *[year]*?

If you are self-employed, we will reduce your estimated self-employment earnings to adjust for the period you are full retirement age and over.

Show your net self-employment earnings for the whole year in the space below. Use dollar amounts only; round cents to the nearest whole dollar.

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Please go on to the next question

Your Retirement Plans

To help us make sure that we understand your answers, we would like to know if you have retired, or if you plan to retire this year.

3. Have you retired, or do you plan to retire in [year]?

If you retired, or plan to retire from your regular (full-time) employment in [year], answer "YES" to this question even if you work or plan to work part-time.

Show an "X" in the box next to your answer.

NO, I have not retired and I am not going to retire this year.

YES, I have retired, or plan to retire this year.

If you answered "yes", please show your **retirement date** in the space below.

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|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

Month / Day / Year

Your Signature

I declare under penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge.

Signature

Date

Also, please give us a telephone number where we can reach you during the day. We may contact you directly if we need more information to process this form.

Daytime Telephone Number

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| For SSA Use ONLY | | | |
| Ext. | WB1 | WB2 | WB3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Privacy Act Statement
Retirement, Survivors, and Disability Insurance**

Sections 203(h)(3), (4), and 205(a) of the Social Security Act, as amended, authorize us to collect the information requested on this form. We will use the information to ensure that we are paying you correctly. The information you provide is voluntary. However, failure to provide us with the requested information could prevent us from making an accurate and timely decision on your benefit amount.

We rarely use the information provided on this form for any purpose other than for the reasons stated above. However, we may use it for the administration and integrity of the Social Security programs. We may also disclose the information provided on this form in accordance with approved routine uses of the Privacy Act, 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 our records (e.g., to the Government Accountability Office, General Services Administration, National Archives and Records Administration, and the 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 of Social Security programs.

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 Notices entitled, Earnings Recording and Self-Employment Income Record, 60-0059, Claims Folder System, 60-0089, 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.

PAPERWORK REDUCTION ACT STATEMENT

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. **Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-0001.**