

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

Date:

Claim Number:

I am writing to ask your help in making sure that we are paying you the correct amount of Social Security benefits. We need you to give us current information about your work.

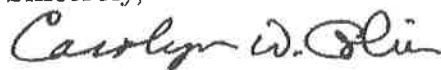
Earnings in the months before a person becomes full retirement age (currently age 66 for those born in 1947 and gradually increasing to 67 for persons born in 1960 or later) can reduce the amount of Social Security benefits. Because we want to make sure that we pay you accurately, we want you to give us an earnings estimate for this year.

The enclosed form has some questions about your work for this year. After you complete it, please mail it in the enclosed envelope. We need to hear from you as soon as possible.

Thank you for taking the time to assist us. We would like to give you the best possible service and hope that you find this form a convenient way to inform us about your work.

If you have any questions, you can call us toll free at 1-800-772-1213 (TTY 1-800-325-0778), 7:00 a.m. to 7:00 p.m. Monday through Friday. We can answer most questions over the phone. Our busiest times are the first week of the month and Mondays. So, we may be able to handle your call more quickly if you can call us at other times. If you prefer to visit or call one of our offices, use the 800 number and we can give you the office address and telephone number. Please have this letter with you if you call or visit an office. It will help us answer your questions.

Sincerely,



Carolyn W. Colvin  
Acting Commissioner of  
Social Security

Enclosures:  
Earnings Estimate Form SSA-L9784-SM  
Envelope

### How to Estimate Your Earnings for 2013

- In 2013, the full retirement age for people born in 1947 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 if you were born November 1, 1947, 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 up to the month you become full retirement age. 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 prior to the month you are full retirement age 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 became entitled to Social Security benefits **before** 2013: (1) do not include in your estimate any Federal agricultural program payments you expect in 2013; and (2) do not include self-employment income received in 2013 from carry-over crops for work you did **before** you became entitled to Social Security benefits.
- 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.

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

Questions For

**1.** How much do you think you will have earned this year in wages before APRIL, the month you are full retirement age in 2013?

Show your answer in the space below.

\$ , , .

**2.** How much do you think you will earn in self-employment in 2013?

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.

\$ , , .

Please go on to the next question.

<b>For SSA Use ONLY</b>				
Ext.	WB 1	WB 2	WB 3	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 2013?**

If you retired, or plan to retire from your regular (full-time) employment in 2013, 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.

/   /

**Month / Day / Year**

Remember, you need to return this form as soon as possible.

Please sign this form in the space below, and send it back to us in the enclosed envelope. And again, thank you for your help.

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

\_\_\_\_\_  
Your 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.

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Telephone Number

**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 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](http://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.**