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 for *[year]*. Please return it as soon as possible in the enclosed envelope. If we do not receive it within 30 days, we will assume that you worked all months in *[year]*.

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 1-800-775-7802 from 7:30 a.m. to 4:00 p.m. Monday through Friday. 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. The office that serves your area is located at:

    [FO ADDRESS]

Please have this letter with you if you 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

Form SSA-L9790-SM (12-2013)

of Social Security

Enclosures:
Earnings Estimate Form SSA-9790-SM
Envelope

Your Monthly Earnings

Usually, if you make more than the earnings limit, which in *[year]* is *[amount]*, we have to hold back some of your Social Security. However, if we know how much you plan to earn in each month in *[year]* we may be able to pay you more.

The same is true of self-employed people. The difference is that we will need to know how many hours you work in each month, instead of the amount of money you will earn.

For the following months in *[year]*, you previously told us that you would not earn over *[amount]* and would not work over 45 hours in self-employment.

1. Place an "X" in the box under <u>each month</u> when you earned *[amount]* or less. Do not put an "X" in the box for months you earned more than *[amount]*.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2. If you are self-employed, enter how many hours you worked in each month for *[year]*. Enter "0" if you did not work any hours for that month. Be sure to complete every box for the whole year.

For example - if you work 22 hours, enter the hours as follows: | 0 | 2 | 2 |

If you work 0 hours, enter the hours as follows: | | | 0 |

JAN	FEB	MAR	APR	MAY	JUN

JUL	AUG	SEP	OCT	NOV	DEC

Please answer question 3 on the next page

To help us make sure that we understand your answers, we would like to know if you stopped working.

3. **Did you stop working?**
   Show an "X" in the box next to your answer.

   ☐ **NO**, I am still working.

   ☐ **YES**, I stopped working.

   If your answer is "YES", show the date you stopped working.

		/			/				
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

   ☐   ☐   ☐   ☐

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