
SOCIAL SECURITY

Important Information

Office Address: _____

Telephone Number: _____

FAX Number: _____

Office Hours: _____

Date: _____

We are asking for your help in obtaining wage information about the employee named on the attached pages. Please complete sections 1 through 3 of the form if they are indicated, and section 5 in all cases.

If you prefer to send a payroll printout instead of completing the form, please include an explanation of the items on the printout.

For your convenience, we are enclosing a postage-paid reply envelope. If a fax number is shown above, you may instead fax the information to that number.

We appreciate your help in this matter. If you have any questions, please call the telephone number above and ask for _____.

Enclosure(s)
Stamped Reply Envelope

Field Office Manager:

Privacy Act Statement Collection and Use of Personal Information

Sections 1611(c), 1612(a)(1), and 1631(e)(1) of the Social Security Act, as amended, authorize us to collect the information on this form. The information you provide will help us verify wages or resolve wage discrepancies for the individual named on this form.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from making an accurate and timely decision on any claim filed or could result in loss of benefits.

We rarely use the information you supply for any purpose other than for wages or resolving wage 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); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure 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 System of Records 60-0090, entitled Master Beneficiary Record, and 60-0103, entitled Supplemental Security Income Record. Additional information about these and other system of records notices and our programs is available from our Internet website at _____ 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.

Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 1 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 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under the U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimates above to: SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	REFERENCE NUMBER
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1. **Current Wages.** Please show the following:

- Is the individual named above still employed with your company?

Yes No

(If employment terminated, show the date last paid and the date last worked in the blocks below. It is not necessary to complete the rest of this section. If employment has NOT terminated, skip the first two blocks below and complete the rest of this section.)

Date Last Worked (MMDDYY)

Date Last Paid (MMDDYY)

Current rate of pay (*per hour, day, week, piece, etc.*): \$ _____ per _____

Amount worked per pay period (*in hours, days, pieces, etc.*): _____

Day of week or date(s) of month on which paid: _____

How often paid (*weekly, biweekly, monthly, etc.*): _____

Date last paid (*month, day, year*): _____

Rate of overtime pay (*per hour, day, week, etc.*): \$ _____ per _____

Average overtime per pay period (*no. of hours*): _____

Please describe any changes you expect in any of the information shown above:

2. **DEDUCTIONS FROM GROSS WAGES**

- Does the employee participate in a CAFETERIA PLAN?

Yes No

A cafeteria plan is a pre-tax plan under section 125 of the Internal Revenue Code. Under a cafeteria plan, employees can choose, cafeteria-style, from a menu of two or more qualified benefits, or cash. Qualified benefits include, but are not limited to, accident and health plans, group term life insurance plans, dependent care assistance plans, and certain stock bonus plans under section 401(k)(2) (but not 401(k)(1)) of the Internal Revenue Code. Cafeteria plans are often shown on pay slips as FLEX, CHOICES, Sec. 125, café plan, etc.

- Are any of the employee's wages garnished for child support?

Yes No

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	REFERENCE NUMBER
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3. **PRIOR WAGES.** Please read the following instructions and provide the information requested on the following page(s).

What We Need To Know About Wages and Deductions

Wages

We need to know the amount of **gross** wages paid to the employee **in** each of the months checked on the back of this page and any additional pages. Base these amounts on actual paydays in the month, **not** the ending dates of pay periods. For example, wages earned in a pay period ending on May 29 but actually paid on June 5 would be included in the total gross wages paid in June. If no wages were paid to the employee in a month that is checked, please show "none."

Be sure to include in gross wages:

- Tips
- Bonuses
- Overtime
- Holiday and vacation pay
- The dollar value of payments in kind (meals or lodging, for example)
- Any contributions under a salary reduction agreement to a cafeteria plan as defined in section 125 of the Internal Revenue Code
- Garnished child support.

Do not include in gross wages any advance earned income tax credit payments.

Deductions

Please also provide the amount of any cafeteria plan deductions, garnished child support, or any other item indicated at the top of these columns to the right of the gross wages. Please show "none," if applicable. Completion of the "OTHER" column is only needed when a specific item is listed at the top of that column.

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	REFERENCE NUMBER
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YEAR:	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
<input type="checkbox"/> January	\$	\$	\$	\$
<input type="checkbox"/> February	\$	\$	\$	\$
<input type="checkbox"/> March	\$	\$	\$	\$
<input type="checkbox"/> April	\$	\$	\$	\$
<input type="checkbox"/> May	\$	\$	\$	\$
<input type="checkbox"/> June	\$	\$	\$	\$
<input type="checkbox"/> July	\$	\$	\$	\$
<input type="checkbox"/> August	\$	\$	\$	\$
<input type="checkbox"/> September	\$	\$	\$	\$
<input type="checkbox"/> October	\$	\$	\$	\$
<input type="checkbox"/> November	\$	\$	\$	\$
<input type="checkbox"/> December	\$	\$	\$	\$

YEAR:	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
<input type="checkbox"/> January	\$	\$	\$	\$
<input type="checkbox"/> February	\$	\$	\$	\$
<input type="checkbox"/> March	\$	\$	\$	\$
<input type="checkbox"/> April	\$	\$	\$	\$
<input type="checkbox"/> May	\$	\$	\$	\$
<input type="checkbox"/> June	\$	\$	\$	\$
<input type="checkbox"/> July	\$	\$	\$	\$
<input type="checkbox"/> August	\$	\$	\$	\$
<input type="checkbox"/> September	\$	\$	\$	\$
<input type="checkbox"/> October	\$	\$	\$	\$
<input type="checkbox"/> November	\$	\$	\$	\$
<input type="checkbox"/> December	\$	\$	\$	\$

4. Additional Information/Comments:

5. Signature: _____ Date: _____
 Title: _____
 Employer's Name: _____
 Telephone: _____ FAX: _____

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	REFERENCE NUMBER
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YEAR:	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
<input type="checkbox"/> January	\$	\$	\$	\$
<input type="checkbox"/> February	\$	\$	\$	\$
<input type="checkbox"/> March	\$	\$	\$	\$
<input type="checkbox"/> April	\$	\$	\$	\$
<input type="checkbox"/> May	\$	\$	\$	\$
<input type="checkbox"/> June	\$	\$	\$	\$
<input type="checkbox"/> July	\$	\$	\$	\$
<input type="checkbox"/> August	\$	\$	\$	\$
<input type="checkbox"/> September	\$	\$	\$	\$
<input type="checkbox"/> October	\$	\$	\$	\$
<input type="checkbox"/> November	\$	\$	\$	\$
<input type="checkbox"/> December	\$	\$	\$	\$

YEAR:	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
<input type="checkbox"/> January	\$	\$	\$	\$
<input type="checkbox"/> February	\$	\$	\$	\$
<input type="checkbox"/> March	\$	\$	\$	\$
<input type="checkbox"/> April	\$	\$	\$	\$
<input type="checkbox"/> May	\$	\$	\$	\$
<input type="checkbox"/> June	\$	\$	\$	\$
<input type="checkbox"/> July	\$	\$	\$	\$
<input type="checkbox"/> August	\$	\$	\$	\$
<input type="checkbox"/> September	\$	\$	\$	\$
<input type="checkbox"/> October	\$	\$	\$	\$
<input type="checkbox"/> November	\$	\$	\$	\$
<input type="checkbox"/> December	\$	\$	\$	\$

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