



# SOCIAL SECURITY

Social Security Administration

Form Approved  
OMB No. 0960-0030

Refer to:	DATE
	PERSON TO CONTACT
	TELEPHONE NUMBER
	RETURN ADDRESS (SSA OFFICE)
NAME OF WORKER	SOCIAL SECURITY NUMBER

ADDITIONAL IDENTIFYING INFORMATION (To be completed by Social Security Administration when applicable)

## **Privacy Act Statement - Collection and Use of Personal Information**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to give the worker credit for these wages at this time.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from giving the worker credit for these wages at this time. In the event wage reports were not filed for periods for which they were due or were incorrectly filed, credit for the wages can be given before referral to the Internal Revenue Service.

We rarely use the information you supply for any purpose other than to give the worker credit for wages. 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 Systems of Records Notice entitled, Earnings Recording and Self-Employment Income System, 60-0059. This notice, 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.

Enclosures

## INSTRUCTIONS ON COMPLETION OF FORM SSA-7011-F4

Please type the requested information or write legibly in ink.

If records from which you could obtain this information are not available, please explain in item 8.

**Item 1:** (a) Please show the value of all remuneration subject to Social Security tax exclusive of tips before any withholdings whether paid in cash or in kind. This includes cash wages paid to domestic employees for services performed in a private home or for work not in the course of employer's trade or business. If no wages were paid in the period(s), write "None"; if you know that at least a certain amount was paid but you do not know the exact amount, write "Not less than \$ \_\_\_\_\_" and show the amount.

**Item 2:** (b) GOVERNMENT EMPLOYERS ONLY - Please check the proper box showing types of wages.

Please enter the amount of tips included in written reports to you by the employee during the year, whether or not the employee Social Security tax was withheld. CAUTION - Tip amount(s) shown should not be included in the amount(s) shown in item 1.

**Item 5:** If more than one year is involved, please list the information in item 8.

**Item 6:** Instructions on completion of item 1 apply also to this item.

**Item 7:** Instructions on completion of item 2 apply also to this item.

### PAPERWORK REDUCTION ACT STATEMENT:

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

**STATEMENT OF EMPLOYER**

NAME OF WORKER	SOCIAL SECURITY NUMBER
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1. (a) Social Security (FICA) Wages Paid

Year	Amount	Year	Amount	Wages paid before 1978, State and local wages paid before 1981, and wages for domestic employment  <input type="checkbox"/> Please see item 6
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	

(b) GOVERNMENT EMPLOYERS ONLY

Regular Social Security Wages     
  Medicare Qualified Government Employment

2. Cash Tips Reported

Year	Amount	Year	Amount	Cash tips reported before 1978  <input type="checkbox"/> Please see item 7
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	

3. Did you file employment tax return forms 941 or 942 with the Internal Revenue Service for each period shown in items 1 and 2 above?  Yes  No

If "Yes," please go to item 4. If "No," please identify the period(s) for which you did not file a tax return, and explain why you did not.

4. Did you submit wage report Forms W-2 and W-3, or equivalent magnetic media reports, to the Social Security Administration for each period show in items 1 and 2 above?  Yes  No

If "Yes," please go to item 5. If "No," please identify the period(s) for which you did not file a wage report, and explain why you did not. Also, omit items 5-7.

5. For report(s) which you did file with the Social Security Administration, were the wages and/or tip amounts listed on this form the same as shown on your report?  Yes  No

(a) If "Yes," please provide the following information and omit items 6 and 7.

DATE FILED	EMPLOYER NAME SHOWN ON REPORT	EIN SHOWN ON REPORT
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(b) If "No," please show the amount of wages and/or tips reports, and explain why these amounts differ from the amounts shown in item 1 and/or 2 of this form.

If no wages and/or tips were reported, please show "None" and explain why they were not reported. Also omit items 6 and 7.

6. Social Security (FICA) Wages Before 1978, State and Local wages Before 1981, and Wages for Domestic Employment.

PERIOD	YEAR 19 ____	YEAR 19 ____
January 1 - March 31, inclusive.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
April 1 - June 30, inclusive.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
July 1 - September 30, inclusive.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
October 1 - December 31, inclusive.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

7. Cash Tips Reported Before 1978

PERIOD	YEAR 19 ____	YEAR 19 ____
January 1 - March 31, inclusive.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
April 1 - June 30, inclusive.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
July 1 - September 30, inclusive.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
October 1 - December 31, inclusive.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

8. REMARKS (Please use this space and/or plain sheets of paper for additional explanations.)

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**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. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.**

9. EMPLOYEE'S OCCUPATION ( <i>file clerk, traveling or city salesperson, maid, plumber, attorney, etc.</i> )			14. NATURE OF BUSINESS ( <i>radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.</i> )	
10. BUSINESS NAME OF EMPLOYER			15. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM	
11. EMPLOYER'S FEDERAL IDENTIFICATION NUMBER			16. PRINTED NAME AND TITLE OF PERSON SIGNING ABOVE	
12. STREET ADDRESS OF EMPLOYER			17. TELEPHONE NO. OF INDIVIDUAL COMPLETING FORM	18. DATE THIS STATEMENT FILLED OUT
13. CITY	STATE	ZIP CODE		