

# Social Security Administration

## Retirement, Survivors and Disability Insurance

### Important Information

SOCIAL SECURITY ADMINISTRATION  
PO BOX 9778  
WILKES-BARRE PA 18767-9778

Date:

Claim Number:

We need updated information about your work to make sure that we pay you the right amount of Social Security benefits. Earlier, you told us that your earnings this year would be about \$15,712. We want to review your estimate since your plans may have changed. We also need to know about your work plans for 2015.

#### 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. If we do not receive it by October 1, 2014, we will use your 2014 earnings estimate to decide how much we will pay you in the first part of 2015.

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](http://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 ADDRESS1]  
[FO ADDRESS2]  
[FO ADDRESS3]  
[FO ADDRESS4]  
[FO CITY STATE ZIP]

(OVER)

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.

Sincerely,

A handwritten signature in black ink that reads "Carolyn W. Colvin". The signature is written in a cursive style with a large, prominent "C" at the beginning.

Carolyn W. Colvin  
Acting Commissioner of  
Social Security

Enclosures:  
Earnings Estimate Form SSA-L9778-SM-SUP  
Envelope

## Estimate Your Earnings for 2014 and 2015

We have put together a list of questions that will help you update your earnings estimate. Please answer them carefully. Before you answer our questions, we want to talk briefly about how to estimate your earnings.

### How to Estimate Your Earnings

It may not be easy for you to figure ahead of time how much you will make in 2014 and 2015. However if you keep these pointers in mind, you should have no problem.

- 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 became entitled to Social Security benefits **before 2014**:
  - Do not include in your estimate any Federal agricultural program payments you expect in 2014; and
  - Do not include self-employment income received in 2014 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.

**(OVER)**

- **You will reach full retirement age in JULY 2043.**

Beginning with the month of full retirement age, the earnings limit no longer applies. If you will reach full retirement age in **January 2015**, you do not have to complete question 3 regarding your earnings for 2015.

People who reach full retirement age in February through December 2015 should exclude from their estimate of yearly earnings for 2015 any wages earned in the month they reach full retirement age and all following months. You should prorate self-employment income based on the number of months under full retirement age. That is, divide expected net earnings (or loss) for 2015 by the number of months of self-employment and multiply this result by the number of months in 2015 before you reach full retirement age.

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

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TOE 220 861006 P7



123-45-6789



EARNINGS ESTIMATE

**1. Earlier, you told us you will earn \$15,712 this year.  
How much do you now think you will earn in 2014?**

Show your earnings for the whole year, including amounts you will earn both before and after you filed for Social Security benefits.

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

~~Wages~~ \$ , ,  ~~Remove~~

~~+ Net Self-Employment~~ \$ , ,  ~~Remove~~

= Total Earnings \$ , ,

**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.

**2. Have you retired, or do you plan to retire in 2014?**

If you retired, or plan to retire from your regular (full-time) employment in 2014, 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**

Please go on to question 3.

**Our Last Question**

If you will reach full retirement age in January 2015, you do not have to complete this question. **(Bold this sentence; If you will reach....)**

Our last question is about your earnings in 2015. Please look ahead and estimate how much you plan to earn next year. We will use this information to decide how much we can pay you in 2015.

- If you do not plan to work in 2015, show "0" as your estimated earnings amount.
- If you will attain full retirement age in 2015, include only your earnings prior to the month you become full retirement age.

**You must answer this question. If you do not enter an amount in question 3, we will use your estimate for 2014 to decide how much to pay you in 2015.**

### **3. How much do you think you will earn in 2015?**

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

<b>Wages</b>	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>+ Net Self-Employment</b>	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>= Total Earnings</b>	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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**

<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"/>

**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.*

