3231-13 RETURN THE ORIGINAL - NOT A COPY

Form Approved OMB No. 0960-0505

Social Security Administration Retirement, Survivors, and Disability Insurance Request for Employer Information

Social Security Administration Data Operations Center P.O. Box 40 Wilkes Barre, PA 18767-0040

Date:

Sequence Number:

Employer Number:

We are writing to you about your Form W-2, Wage and Tax Statement, for the employee shown below. Our records show that the employee is a young child. Therefore, we need your help to resolve some questions before we can add the wages to the employee's earnings record.

Employee's Name: Social Security Number: Reported Earnings: Tax Year:

Please fill in the information on the back of this form and mail it to us in the enclosed envelope. If possible, verify the number on the employee's Social Security card and check your records to give us the information requested.

If you have any questions, you may call us toll free at 1-800-772-6270 from 7:00 a.m. to 7:00 p.m. Eastern Time. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.

Social Security Administration

Enclosure: Envelope

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Social Security Request for Employee Information

1.	Please print the full name as shown on the Social Security card:				
	Name:				
	First	M.I.		Last	
2.	Enter the Social Security number from your records:				
	Social Security Number:	-			
3.	Enter the employee's date of birth:	Month Day	Year	and Sex	M F
4.	What is the latest address you have on file?				
					_
5.	What was the employee's job?				

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 employee credit for the correct amount of wages earned.

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

We rarely use the information you supply us for any purpose other than to make a determination regarding claims and earnings 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);
- 2. To facilitate statistical research, audit, o or investigative activities necessary to assure 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 you information with others, called routine uses, is available in our Privacy Act Systems of Record Notice entitled, Earnings Recording and Self-Employment Income System, 60-0059. Additional information about this and other system of records notices and our programs are available online at www.socialsecurity.gov 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 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 (OMB) 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 relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.