

Instructions for Completing Notification of a Social Security Number (SSN) to an Employer for Wage Reporting Purposes Form

Please read these instructions carefully before completing this form:

When to Use This Form Use this form if you are applying for a Social Security Number (SSN) and want SSA to notify your employer of the SSN upon assignment.

How to Complete This Form

Section A. Employer information

- Fill in the employer name, mailing address, and Employer Identification Number (EIN).

Section B. To be completed by the SSN applicant

- Sign and date the form at the SSA office at the time you apply for the original SSN.

Section C. For SSA use only

- The SSA field office employee will complete the name and SSN of the person who signed in Section B. upon assignment of the original SSN.

PRIVACY ACT NOTICE

Collection and Use of Personal Information

See revised PRA and Privacy Act Statement

~~Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information you provide on this form. Completion of this form is voluntary. By signing this form, you authorize us to notify your employer of your Social Security number (SSN), upon assignment, for the purpose of wage reporting. Without your signature, we cannot complete your request to notify your employer of the assigned SSN. We will not use this form for any other purpose.~~

~~**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 2 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 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 estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**~~

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

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

Sections 205(a) and 205(c)(2)(B)(i)(I) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to notify your employer of your assigned Social Security number (SSN), for wage reporting purposes.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from processing your request.

We rarely use the information you supply us for any purpose other than to notify an employer of your assigned SSN. 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 list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information about this and other system of records notices and our programs is available online at www.socialsecurity.gov or at your local Social Security office.

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 incorrect payments or delinquent debts under these programs.

SSA will insert the following revised PRA Statement into the form as soon as possible:

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 2 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 21235-6401.***