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.

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

Social Security Administration

Enclosure: Envelope

RETURN THE ORIGINAL - NOT A COPY

Social Security Request for Employee Information

Please print the full name as shown of	on the	Socia	l Sec	urity	7 ca	rd:					
Name:											
First	M.I.				Las	t	-31				
Enter the Social Security number from	m you	r reco	ds:								
Social Security Number:	5] - [
Enter the employee's date of birth:	Month	Day	Year		aı	nd S	Sex	M		F	
What is the latest address you have											
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										-	
What was the employee's job?											
Section 205(a) of the Social Security Act, as a the information you provide to give the employ Furnishing us this information is voluntary. H	Use of mended yee cre- lowever	, author dit for , failing	nal I izes u he co to pr	to c	collec amoi	et th	of wa	iges	earne	ed.	
we rarely use the information you supply us for claims and earnings discrepancies. However, we programs including sharing information: See	or any	purpose use the	other	natio	n for	the	adm	ınıst	ration	n of o	egardin our
1. To comply with Pederal laws requiring the Government Accountability Office and D	ne relea epartme	ent of V	format etenan	s Aff	rom airs);	our	reco	rds (e.g. 1	to the	
To facilitate statistical research, audit, of and improvement of our programs (e.g., to contract with us).	r invest the B	tigative ureau o	activit f the	ties n Censu	eces: s an	sarty d to	to a priv	ssur ate	e the entiti	integ es un	rity der
A complete list of when we may share you inf Privacy Act Systems of Record Notice entitled 60-0059. Additional information about this and available online at www.socialsecurity.gov or	d, Earni other s	ngs Red system o	ording f reco	and rds n	Self- otice	Emp	loyn nd ou	nent	Incon	ne Sy	stem,
We may share the information you provide to Matching programs compare our records with agencies. We use the information from these pfederally funded or administered benefit program.	records rogram	s kept b s to est	y othe ablish	er Fed or ve	leral erify	, Sta	erson	r loc 's el	al go igibili	vernn ity fo	nent r
debts under these programs.	Pavis	sed PR	Δ St	atom	ont	Δtt	ache	24	1	100	

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 (QMB) 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 Blud, Baltimore, MD 21235-0001.

SSA will insert the following revised Privacy Act and PRA Statements into the form as soon as possible:

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Sections 205(b) and 205(c)(2)(A) of the Social Security Act, as amended, allow us to collect this information. We will use the information you provide to verify and properly credit the reported income of children under age seven.

Furnishing us this information is voluntary. However, failing to provide all or part of the information may cause incorrect entitlement to, or denial of, future Social Security benefits.

We rarely use the information you supply for any purpose other than what we state above, 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 Notice, 60-0059, entitled Earnings Recording and Self-Employment Income System. Additional information about this and other system of records notices and our programs is available from our Internet website 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.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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 <u>only</u> comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.