

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

Social Security Administration  
Data Operations Center  
P.O. Box 80  
Wilkes Barre, PA 18767-0080

Date:

Sequence Number:

Employer Number:

We are writing to you about your Form W-2, Wage and Tax Statement, for the employee shown below. The amount you reported appears to be payments made after the employee stopped working for you and is not covered by Social Security.

**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 about this letter, 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

**Social Security Request for Employment Information**

1. Does the employee still work for you?  Yes  No (Give Last Known Address)

2. Did employment end because the employee died?  Yes  No

If employment ended because the employee died, refund the employee's share of the Social Security taxes to the employee's estate or next of kin, and obtain a receipt. Then, ask for a refund of the employer and employee Social Security taxes from the Internal Revenue Service (IRS). For details about how to obtain a refund, contact the IRS (there are time limits for seeking a refund from the IRS).

3. If the earnings shown above are earnings covered by Social Security, print the name and number shown on the employee's Social Security card and the tax year of these earnings:

	FIRST		M. INITIAL		LAST
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
				Tax Year:	<input type="text"/>

**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 use the information you provide on this form to give the employee credit for the correct amount of wages.

Completion of this form is voluntary. However, failure to provide all or part of the information could prevent us from giving the employee credit for the correct amount of wages.

We rarely use this information you supply for any purpose other than for determining continuing eligibility. However, we may use it for the administration and integrity of the Social Security programs. 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 ensure the integrity and improvement 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.

Additional information regarding this form, routine uses of information, and our programs and systems is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**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.

*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.*