

REQUEST FOR CORRECTION OF EARNINGS RECORD

I have examined your statement (or record) of my Social Security earnings and it is not correct. I am providing the following information and accompanying evidence so that you can correct my record.

| | |
|---|---|
| 1. Print your name (First Name, Middle Initial, Last Name) | 2. Enter your date of birth (Month, Day, Year) |
| 3. Print your name as shown on your Social Security number card | |
| 4. Print any other name used in your work. (If you have used no other name enter "None.") | |
| 5. (a) Enter your Social Security number | 5. (b) Enter any other Social Security number(s) used by you or your employer to report your wages or self-employment. If none, check "None." <input type="checkbox"/> None |
| | (1) |
| | (2) |
| | (3) |

6. IF NECESSARY, SSA MAY DISCLOSE MY NAME TO MY EMPLOYERS:
(Without permission to use your name, SSA cannot make a thorough investigation.) YES NO

- If you disagree with wages reported to your earnings record, complete Item 7.
- If you disagree with self-employment income recorded on your earnings record, go to Item 8.

7. **Print** below in date order your employment **only** for year(s) (or months) you believe our records are not correct. If you need more space, attach a separate sheet. Please make only one entry per calendar period employed. Show quarterly wage periods and amounts for years prior to 1978; annual amounts, 1978 on.

| 1 - Year(s) (or months) of employment | Employer's business name, address, and phone number <i>(include number, city, state, and ZIP code)</i> | My correct Social Security (FICA) wages were: | My evidence of my correct earnings (enclosed) |
|---------------------------------------|---|---|--|
| (a) 1. | | \$ | <input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify) _____ |
| 2. | | | |
| (b) 1. | | \$ | <input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify) _____ |
| 2. | | | |
| (c) 1. | | \$ | <input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify) _____ |
| 2. | | | |

- If you do not have evidence of these earnings, you must explain why you are unable to submit such evidence in the remarks section of Item 10.
- If you do not have self-employment income that is incorrect go on to item 10 for any remarks, and then complete Item 11.

8. Print below in date order your self-employment earnings **only** for years you believe our records are not correct. Please make only one entry per year.

| Trade or business name and business address | Year(s) of self-employment | My correct self-employment earnings were: |
|---|----------------------------|---|
| (a) | | \$ |
| (b) | | \$ |

| | | |
|--|------------------------------------|---|
| 9. Regarding your earnings from self-employment: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. Did you file an income tax return reporting your self-employment income? | (If "YES," go on to Item 9b.) | (If "NO," explain why in Item 10). |
| b. Do you have a copy of your income tax return and evidence of filing such as a canceled check? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | (If "YES," please enclose copies.) | (If "NO," go on to Item 9c.) |
| c. Have you asked the Internal Revenue Service to furnish you copies from their records? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | (But none available) | (If "NO," please do so if your return was filed less than 6 years ago.) |
| d. If you are unable to submit a copy of your self-employment tax return, please explain in the remarks section (Item 10). | | |
| 10. Remarks - You may use this space for any explanations. (If you need more space, please attach a separate sheet). | | |

11. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

Signature of person making statement (*First Name, Middle Initial, Last Name*)

Mailing Address (*Number & Street, Apt. No., P.O. Box, Rural Route*)

| | | |
|------|---------------------------------------|----------|
| City | State | ZIP Code |
| Date | Telephone Number (Include Area Code): | |
| | 1. Work | 2. Home |

When you have filled out this form, mail it in an envelope addressed to:

Social Security Administration
6100 Wabash Ave.
Baltimore, Maryland 21215

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(c)(4) and (5) of the Social Security Act, as amended, allow us to collect this information. We will use the information you provide to correct your earnings record where any discrepancy exists. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could affect your future eligibility for benefits and the amounts of benefits to which you may become entitled.

We rarely use the information you supply for any purpose other than to correct your earnings record where any discrepancy exists. 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 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 your information with others, called routine uses, is available in our Privacy Act System of Records 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 from our Internet website 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 control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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.*
