SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES (To be completed by or on behalf of person who is, was, or will be outside the U.S.)

	For Social Security purposes, a postrict of Columbia, Puerto Ricconsecutive days or more.	person is outs o, the U.S. Vi	side the Unit rgin Islands,	ted States (U , Guam, the l	I.S.) if he or s Northern Mar	he is physically iana Islands, or	outside the American	e 50 Sta Samoa	ates, the for 30	
	NAME OF WORKER ON WHOS	E EARNING	S THIS CLA	IM IS BASE	D 2. WORK	ER'S SOCIAL	SECURITY	′ NUMB	ER	
								-		
3.	Complete line (a) below for the w	orker (even i	f deceased)	. Complete	(b) through (c	d) for each bene	ficiary in th	e same		
	household who is outside the U.S next 3 months. If you need more	S., has been	Outside the !	U.S. in the partion	ast 24 months	s, or expects to	be outside	the U.S	s. in the	
	Hext o months. If you need more		OUTSIDE T		' '	COUNTRY(IES)	PERS	ON HAS	U.S.	
	FULL NAME	FROM	TO	COUNTRY	COUNTRY	OF PRESÈNT		SPORT, L	IST:	
		Mo-Day-Yr	Mo-Day-Yr	WHERE LIVING	OF BIRTH	CITIZENSHIP (Or at time of death	PASSPO	RT NO.	DATE ISSUED	
				LIVIIVO		,				
	a.									
	b.									
	C.									
	d.									
	NOTE: All persons listed above certification in item 18.	and in the "R	EMARKS" s	section on pa	ge 3, or their	representative	payees, mi	ust sign	tne 	
4.	Enter the name of any beneficial	ry listed in ite	m 3 who is r	not a U.S. cit	izen and who	will be outside	the U.S. in	the nex	kt 6	
	months, or who has been outsid Canada or Mexico who are ente	e the U.S. in the LLS	the past 6 m	nonths up to,	and including or visit and re	g, this month. D	o not includ	de resid Asidano	ents of	
	Canada or Mexico. If you need r	nore space, ι	use the "REI	MARKS" sec	tion on page	3.	ay to then i	esideric	C III	
		TOTAL					S LIVED IN	I THE L	I.S.	
		NUMBER O	NUMBER OF						RELATIONSHIP	
	FULL NAME	YEARS					TO	TO W	ORKER	
		LIVED IN	Mo-Day-Y	′r Mo-Day-Yr	NAMED IN IT 1 DURING TH	EM _{HS} Mo-Day-YrI	Mo-Day-Yr	NAMED 1 DURI	IN ITEM NG THIS	
		THE U.S.			PERIOD				RIOD	
	a.									
	b.									
	0.									
	C.									
	d.									
5.	Has any person listed in item 3 b	been employe	ed or self-en	nployed outs	ide the U.S. c	luring any of				
	the past 12 months? If "yes," giv	e name(s) an	nd date(s) w	ork began ar	nd submit For	m SSA-7163	YES		NO	
	(available at <a href="https://www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.socialsecurity.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.google-color:www.go</td><td><u>.gov</u>). If you r</td><td>neea more s</td><td>pace, use the</td><td>e " remarks<="" td=""><td>section on</td><td></td><td></td><td></td>	section on								
	NAME	Date (Mo - Yr) NAME					Date (Mo - Yr)		/r)	
	<u>_</u>		(-			`	,	
6.	Does any person listed in item 3	expect to be	gin employn	nent or self-e	employment o	utside the				
-	U.S. in the future? If "yes," give	name(s) and	date(s) work	k is expected	I to begin.If yo	ou need more	\square YES		NO	
	space, use the "REMARKS" section on page 3.									
	NAME	Date (Mo-Yr) NAME					Date (Mo - Yr)		′ r)	
7.	Answer item 7 only if the worker named in item 1 is deceased.						□YES	Г	NO	
Did the worker die while in the military service of the U.S. or as a result of disease or injury incurred or made worse while in military service?										
8.	Supplementary Medical Insurance			nly for medic	al services or	ovided inside th	ne U.S. If a	nvone li	sted in	
	item 3 is now enrolled in Supple	mentary Med	ical Insuran	ce under Me	dicare and wi	shes to termina	te that enro	ollment.	enter	
	his or her name here. If you nee									
	NAME(S)									
							UD 00 T4			

The U.S. Internal Revenue Code (IRC) requires the Social Security Administration (SSA) to withhold a 30 percent Federal income tax from 85 percent of monthly retirement, survivors and disability benefits paid to beneficiaries who are neither citizens nor residents of the U.S. This results in an effective tax of 25.5 percent of the monthly benefit. SSA must withhold this tax from the benefits of all nonresident aliens except those who are residents of countries that have tax treaties with the U.S. that provide an exemption from this tax, or a lower rate of withholding. Currently these countries are Canada, Egypt, Germany, India, Ireland, Israel, Italy, Japan, Romania, Switzerland, and the United Kingdom. You must check with the Internal Revenue Service (IRS) for the current list.

If you are a U.S. resident alien, your worldwide income generally is subject to U.S. income tax, regardless of where you are living. A person cannot be considered a U.S. resident in any year for which he or she has claimed a tax treaty benefit as a resident of a country other than the U.S.

For Federal income tax purposes, a person can be considered a U.S. resident, even if that person lives outside the U.S., if he or she:

- Has been lawfully admitted to the U.S. for permanent residence, and that residence has not been revoked or determined to have been administratively or judicially abandoned, or
- Meets a substantial presence test as determined by the provisions of the IRC. To meet this test in a given year, the person must be present in the U.S. on at least 31 days in that year, and a minimum total of 183 days counting all days of U.S. presence in that year, one-third of the total number of days of U.S. presence in the previous year, and one-sixth of the total number of days of U.S. presence in the year before that. The days of U.S. presence and exclusions are defined in the IRC.

COMPLETE ITEMS 9 THROUGH 13 ABOUT ALL PERSONS LISTED IN ITEM 3 WHO ARE NOT U.S. CITIZENS AND WANT TO BE CONSIDERED U.S. RESIDENTS FOR INCOME TAX PURPOSES.

				(_0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,			•		
9.	Enter below the name of all persons listed in item 3 who believe they will have U.S resident status while living outside the U.S. Also show the number of each person's Permanent Resident Card (sometimes referred to as a Green Card) and the date that card was issued. If any person was not lawfully admitted for permanent residence, show "None" and explain why he or she is a U.S. resident in the "REMARKS" section on page 3.								
	NAME		NENT RESIDENT CARD EEN CARD) NUMBER	D	DATE CARD WAS ISSUED				
10	Enter the name(s) of any person(s) list that he or she has abandoned, or wis resident of a foreign country under the	hes to aband	lon, his or her l	J.S. residence status, or has cor	mmenc	ed to be treated			
	NAME Date		(Mo-Yr)	NAME		Date (Mo-Yı	r)		
11	Enter the name(s) of any person(s) list notified by the U.S government that he date the Permanent Resident Card w								
	NAME	Date	(Mo-Yr)	NAME	Date (Mo-Y		r)		
12	Does each person listed in item 9 und be subject to U.S. income tax regardl of each individual who does not unde	ne will	☐ YES ☐	NO					
13	Does each person listed in item 9 agr residence status, or if he or she comr provisions of a tax treaty between the individual who does not understand ir	r the	☐ YES ☐	NO					
_									

14	NCOME TAX TREATY BENEFITS Complete this item for any person(s) who intend(s) to claim a reduced rate of Federal ncome tax withholding under the provisions of an income tax treaty with the U.S. To enter additional person(s), use the REMARKS" section below.								
			TAY TO SATY OOLING				S OF	RESIDENCE	
	NAME	TAX TREATY COUNTRY OF RESIDENCE			FROM (Mo-Yr)		TO (Mo-Yr)		
15	PAYMENT ADDRESS (Where to a bank or other financial insti								
	the "REMARKS" section below							•	
	NUMBER AND STREET		CITY POS		TAL CODE		COUNTRY		
16	.MAILING ADDRESS (Where you enter "same as 15" and go to its names for each address.	our mail sh em 17.) If n	ould be sent while you a nore than one address is	re abroad. If it is required, use th	the s ne "RE	ame as the	addre	ess in item 15, below and show	
	NUMBER AND STREET		CITY POSTAL C		COD	CODE		COUNTRY	
	item 15 or 16. If the address where you live, or will live, is the same as the address in item 15 or 16, enter "same as 15 (or 16 if appropriate)" and go to item 18.) If your payments are not, or will not be, sent directly to a bank or other financial institution and you receive, or will receive, them by mail at an address that is not your residence address, explain the reason in "REMARKS" section below.								
	NAME NUM		IBER AND STREET	CITY	POSTAL CO		E	COUNTRY	
	a.								
	b.								
	C.								
	d.								
	EMARKS (You may use this sem on this form, enter the item								

CERTIFICATION AND SIGNATURES

I agree to notify the Social Security Administration promptly if I (or any person for whom I receive benefits) become employed or self-employed while outside the United States, change citizenship, or go (for 30 days or more) to any country other than that indicated in item 17. I also agree to return any payments which are not due.

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

18.	LAST NAME) OF EA 3. REPRESENTATI MINORS AN	F NAME, MIDDLE INI ACH PERSON LISTE VE PAYEES MUST : D FOR INCAPABLE NT ADULTS. Write in	D IN ITEM SIGN FOR OR				/HERE YOU MAY BE ING THE DAY	
	3							
	a.							
	b.							
	C.							
	d.							
		ses are required or						item 18. eir full addresses.
	(1) SIGNATURE OF		S WIIO KIIO	W LITE S	(2) SIGNATI			ieli iuli audresses.
	ADDRESS (NUMBER AND STREET)				ADDRESS (NUMBER AND STREET)			
	CITY	POSTAL CODE	COUNTRY		CITY		POSTAL CODE	COUNTRY

PRIVACY ACT STATEMENT

Section 202 of the Social Security Act, as amended, and 871 and 1441 of the Internal Revenue Code, allow us to collect this information. We will use the information you provide to determine eligibility for payments of benefits and to determine tax-withholding status.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from making an accurate and timely decision on any claim filed, or could result in the loss of 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 complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0089, entitled Claims Folders Systems and 60-0090, entitled Master Beneficiary Record. Additional information about these 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 (OMB) control number. The OMB number for this collection is 0960-0051. 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 www.socialecurity.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) Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.