3231-11 RETURN THE ORIGINAL - NOT A COPY

Form Approved OMB No. 0960-0505

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.

Social Security Administration

Enclosure: Envelope

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Social Security Request for Employee Information

•	Please print the full name as shown on the Social Security card:
	Name:
	First M.I. Last
	Enter the Social Security number from your records:
	Social Security Number:
•	Enter the employee's date of birth: Month Day Year M F
,	What is the latest address you have on file?
•	What was the employee's job?

Privacy Act Statement Collection and Use of Personal Information

See Revised Privacy Act Statement

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this 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 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.

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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)(A) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed, or could result in loss of benefits.

We will use the information you provide to verify and properly credit the employee for the correct amount of wages earned. We may also share your information for the following purposes, called routine uses:

- To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0059, entitled Earnings Records and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819. Additional information, and a full listing of all of our SORNs, is available on our website at https://www.ssa.gov/privacy.