

**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.

*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

See Revised Privacy Act Statement Attached

Section 205(a) of the Social Security Act requires the collection of 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

See Revised PRA Statement Attached

This information collection meets the requirements of 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.*

*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(c), 209(a), and 232 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 could prevent us from giving the employee credit for the correct amount of wages.

We will use the information you provide to verify wage information previously received 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 officers and employees of Federal, State or local agencies upon written request in accordance with the Internal Revenue Code (IRC) U.S.C. 6103(1)(7)), tax return information (e.g., information with respect to net earnings from self-employment, wages, payments of retirement income which have been disclosed to the Social Security Administration, and business and employment addresses) for purposes of, and to the extent necessary in, determining an individual's eligibility for, or the correct amount of, benefits under certain programs listed in the IRC.

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>.

**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](http://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.