

Date: MM/DD/YYYY

Form Approved  
OMB No. 0960-0432**EMPLOYER QUESTIONNAIRE  
SSA HAS NO RECORD OF EMPLOYER REPORT**

The IRS records show that you paid Social Security and/or Medicare taxes on the wages that appear below. However, SSA does not have a record of your Forms W-2 and W-3 for these wages. The IRS requires you to send Forms W-2 to SSA.

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IRS Data 941, 943, 944 or Schedule H (Household Employment Taxes) for  
Tax Year: YYYY  
EIN: 99-9999999

Employer Name: Employer Name

Employee Soc. Security Wage Totals:	\$999,999.00
Employee Soc. Security Tip Totals:	\$999,999.00
Employee Medicare Wage/Tip Totals:	\$999,999.00

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**CHECK AND COMPLETE**

Check and complete any items that apply to your wage report for the tax year shown above. If you send a wage report that shows a different total from the amount shown above, please explain why in number 6.

1.  I did not file Forms W-2 with SSA. I am now taking the following action (check one):

Enclosed is the original Copy A of paper Forms W-2 and W-3, or

Sending SSA an electronic file.

**Caution:** If you are filing electronically, be sure to check the box indicating the submission is in response to a reconciliation notice. When you return this questionnaire, include a copy of the Business Services Online (BSO) receipt showing the wage file identifier (WFID) as proof of filing.

2.  I filed Forms W-2 under the EIN for the TY shown above. I am now taking the following action for the wages I previously reported (check one):

Enclosed are legible copies of paper Forms W-2 and W-3, or

Enclosed is a copy of the Business Services Online (BSO) receipt showing the wage file identifier (WFID) as proof of filing.

3. ( ) I filed Forms W-2 under EIN \_\_\_\_\_, rather than the EIN shown above. Submit Forms W3c and W2c to correct the EIN wages were originally reported under.

4. ( ) I filed but cannot locate my copies of Forms W-2 and W-3. I am now taking the following action (check one):

( ) Enclosed are duplicate copies of paper Forms W-2 and W-3,or

( ) Sending SSA an electronic file.

**See “Caution” shown under Item #1 above.**

5. ( ) I was self-employed.

( ) I was not required to file Forms W-2 with SSA. Attached are legible copies of Schedule SE or Schedule C that show SE tax.

( ) I had employees working for me during the year. Attached are legible copies of Forms W-2 for those employees.

6. ( ) Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Name and Title

( ) \_\_\_\_\_  
Daytime Phone, with Area Code

**INFORMATION ABOUT THE DATA YOU SEND SSA**

The name, Social Security number, and wage amounts on the Forms W-2 must be readable and complete. If we cannot read all information on the documents you submit, or if any of these items are missing, we cannot add the wages to the employee's wage record. If you need blank copies of the Forms W-2 or W-3, call the IRS at 1-800-829-3676. If your copies of the Forms W-2 are illegible, please prepare duplicates on blank copies of the Forms W-2. Make sure the Forms W-2 show the correct year for the wages you report.

**Note:** If you send 250 or more wage items to us, you must file your wage reports electronically in accordance with Publication 42-007: Specifications for Filing Forms W-2 Electronically (EFW2). For more information, please go to our website at [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer) or call SSA's Employer Reporting Branch at 1-800-772-6270 Monday through Friday, 7:00 a.m. to 7:00 p.m., Eastern Time.

## RETURN THIS QUESTIONNAIRE

Please send all requested information to:

**Social Security Administration  
P.O. Box 33021  
Baltimore, Maryland 21290-3021**

**Important:** Do not send cash, checks, or money orders to SSA. Send your tax payments directly to the Internal Revenue Service.

### Privacy Act Statement Collection and Use of Personal Information

See Revised  
Privacy Act  
Statement

~~Section 205(e)(2)(A) of the Social Security Act, as amended, and C.F.R. 26 § 31 to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information will result in a referral of your case to the Internal Revenue Service~~

~~We will use the information to establish and maintain records of the amount of wages paid for individual employees. We may also share your information for the following purposes, called routine uses:~~

- ~~1. To the Department of the Treasury for investigating alleged forgery, or unlawful negotiation of Social Security checks, and Tax administration as defined in 26 U.S.C. 6103 of the Internal Revenue Code; and~~
- ~~2. To Federal, State, or local agencies (or agents on their behalf) for the purpose of validating Social Security numbers used in administering cash or non-cash income maintenance programs or health maintenance programs (including programs under the Social Security Act).~~

~~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 Recording and Self-Employment Income System. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).~~

See Revised PRA

**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 30 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.~~

***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(c)(2)(A) and 232 of the Social Security Act, as amended, allow us to collect this information. Furnishing this information is voluntary. However, failing to provide all or part of the information may result in incorrect payments to beneficiaries due to missing and discrepant earnings information and referral of your case to the Internal Revenue Service for penalty assessment purposes.

We will use the information to properly post employee wages and maintain accurate earnings records. We may also share your information for the following purposes, called routine uses:

- To State audit agencies for auditing State supplementation payments and Medicaid eligibility considerations; and
- To Federal, State, or local agencies (or agents on their behalf) for the purpose of validating Social Security numbers used in administering cash or non-cash income maintenance programs or health maintenance programs (including programs under the Social Security Act).

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 Recording 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 [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

***SSA will insert the following revised PRA Statement into the form as soon as possible:***

**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. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***