

Social Security Administration  
**Retirement, Survivors and Disability Insurance**

Date: MM/DD/YY  
EIN: 99-9999999  
Tax Year: 9999

COMPANY NAME  
ADDRESS 1  
ADDRESS 2  
CITY, ST 99999-9999

**Important Information, Immediate Reply Requested**

Each year we check our wage totals for the Forms W-2 you send us against the Forms 941, 943, 944 or Schedule H (Household Employment Taxes) employment tax returns you filed with the Internal Revenue Service (IRS). These totals must equal. We recently found that wage reports you submitted for your employees may not be correct. We need your help to correct them.

**What You Should Do**

Please check your records and make sure you have correctly reported your employees' wages.

- Check your report for wages below the household limit, if you are a household employer.
- Check your report for third party sick pay.
- Check for corrected reports and see if there is any reason for the different wage totals.
- Fill out the enclosed questionnaire and return it within 45 days.

**Note:** We encourage you to file your original and corrected wage reports electronically, using Business Services Online (BSO). You can find more information on wage report filing by going to our employer reporting website at: [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer).

Enclosure(s):  
Pub 16-002  
Return Envelope

See Next Page

## **About the Questionnaire**

If the questionnaire shows only the IRS wage totals, it means we do not have copies of any Form W-2 wage reports for your employees for that tax year. Or, it may show that the Form W-2 wage totals we have in our records are less than those that are on the Forms 941, 943, 944 or Schedule H returns you filed with the IRS.

We have enclosed a pamphlet entitled “Don’t Let Your Employees Down” with information to help you complete the questionnaire. Or, you can go to [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer) and click on “Reconciliation” for more information.

For your convenience, we have also enclosed a self-addressed envelope. If you cannot use the envelope, please mail the completed questionnaire and requested information to:

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

## **If We Do Not Receive This Information**

We cannot correct your employees' wage records unless you give us the information that we requested. This information is important. It could affect your employees' rights to future Social Security benefits and the amount of those benefits. Please make sure that the information you provide to us will resolve the problem. Always keep your wage records for four (4) years to back up your wage and tax reports, in case SSA or the IRS have questions about them later. If you do not send the information we need, we will refer this matter to the IRS. If the IRS finds that you made a reporting error, or fail to respond to our request, **they may charge you a penalty.**

## **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General’s Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Any Questions**

If you have any questions not answered by the enclosed pamphlet or the website, please write to us at the above address or call us at 1-800-772-6270 Monday through Friday, 7:00 a.m. to 7:00 p.m., Eastern Time.

*Social Security Administration*