

**Social Security Administration**  
**Retirement, Survivors, and Disability Insurance**  
Request for Employer Information

Social Security Administration  
Wilkes-Barre Direct 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

