

# Social Security Administration Retirement, Survivors, and Disability Insurance Request for Employee Information

Social Security Administration  
Data Operations Center  
P.O. Box 39  
Wilkes-Barre, PA 18767-0039

Date:

Sequence Number:

Employer Number:

We need more information so that we can give you credit for your earnings from the company and for the year shown below. We cannot put these earnings on your Social Security record until the name and Social Security number reported to us match our records. Unless this problem is corrected, you may not get retirement, disability, survivors or other benefits that you are due.

**Company Name:**

**Employee's Name:**

**Social Security Number:**

**Reported Earnings:**

**Tax Year:**

## **THIS IS WHAT YOU NEED TO DO**

1. If your Social Security card does not show your correct name or Social Security number, or if you have lost your Social Security card, please call our toll-free number, 1-800-772-1213, or contact your local Social Security office.
2. Compare the information shown above to your Form W-2(s) and your Social Security card.
  - If the name and number shown on the Social Security card **agree exactly** with the information shown above, contact your local Social Security office so that we can find out why our records do not match what was reported for you by your employer. Do not mail this letter back to us.
  - If the name and number shown on the Social Security card **do not agree** with the information shown above, fill in the requested information on the reverse side of this letter, and mail it to us in the enclosed envelope. If you have been using an incorrect name or Social Security number, or your employer has been reporting earnings for you under an incorrect name or Social Security number, you must also correct this information with your employer.

**IMPORTANT: THE FACT THAT YOU HAVE RECEIVED THIS LETTER DOES NOT, IN AND OF ITSELF, ALLOW YOUR EMPLOYER TO CHANGE YOUR JOB, LAY YOU OFF, FIRE YOU OR TAKE OTHER ACTION AGAINST YOU. IF YOU THINK YOUR EMPLOYER IS DISCRIMINATING AGAINST YOU BECAUSE YOUR NAME AND SOCIAL SECURITY NUMBER DO NOT MATCH OUR RECORDS, SEE THE ATTACHED INFORMATION ON IMPORTANT PROTECTIONS OF YOUR RIGHTS.**

**For Spanish-speaking individuals: Esta carta contiene información importante. Vea la página 3 para los detalles.**

Please See Reverse



**KEEP THIS PAGE--IT INCLUDES IMPORTANT INFORMATION**

Your employer may not take action against you based on this letter.

- If you think that any action against you is related to labor union activities or union organizing activities, you may contact the National Labor Relations Board (NLRB), an agency of the U.S. government ([www.nlr.gov](http://www.nlr.gov)). Check your local directory for the nearest NLRB office in your area.
- If you think that any action against you is related to your race, color, sex, religion, national origin, age or disability, you may call the Equal Employment Opportunity Commission (EEOC) toll-free at 1-800-669-4000, or 1-800-669-6820 (TDD for the deaf or hard of hearing), or visit the website at [www.eeoc.gov](http://www.eeoc.gov).
- If you have questions or concerns about unfair practices by your employer that may be related to your national origin or citizenship status, you may call the Office of Special Counsel for Immigration-Related Unfair Employment Practices toll-free at 1-800-255-7688, or 1-800-237-2515 (TDD for the deaf or hard of hearing). Within the Washington, D.C., metropolitan area, call 202-616-5594.

Please See Reverse

**For Spanish-speaking individuals:**

**GUARDE ESTA CARTA - CONTIENE INFORMACIÓN IMPORTANTE**

**Su empleador no puede tomar acción en su contra basándose en esta carta.**

- Si usted piensa que cualquier acción en su contra está relacionada con las actividades del sindicato de trabajadores o actividades organizadas por el sindicato, usted se puede comunicar con la Junta Nacional de Relaciones del Trabajo (NLRB, siglas en inglés), agencia del gobierno de los Estados Unidos ([www.nlr.gov](http://www.nlr.gov)). Busque en su directorio local la oficina de la Junta Nacional de Relaciones del Trabajo más cercana.
- Si usted cree que cualquier acción en su contra está relacionada con su raza, color, sexo, religión, origen nacional, edad o incapacidad, puede llamar gratis a la Comisión de Igualdad de Oportunidades de Empleo (EEOC, siglas en inglés) al 1-800-669-4000 ó 1-800-669-6820 (TDD para las personas sordas o con problemas de audición), o puede visitar [www.eeoc.gov/es/index.html](http://www.eeoc.gov/es/index.html) en el Internet.
- Si usted tiene preguntas o dudas sobre prácticas injustas por parte de su empleador, que pueden estar relacionadas con su origen nacional o estado legal, puede llamar gratis a la Oficina del Consejero Especial para Prácticas de Empleo Injustas Relacionadas a la Condición de Inmigrante al 1-800-255-7688 ó 1-800-237-2515 (TDD para las personas sordas o con problemas de audición). Dentro del área metropolitana de Washington, D.C., llame al (202) 616-5594.

**El hecho de que usted haya recibido esta carta no constituye una razón, de por sí, para que su empleador lo cambie de trabajo, suspenda, despida o tome alguna acción adversa en su contra.**

Vea al dorso

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DO NOT COPY

If you have any questions, you may call us toll-free at 1-800-772-1213. We can answer most questions over the phone. You can also write or visit any Social Security office. If you do call or visit an office, please have this letter with you. The office that serves your area is located at:

If you need an interpreter to conduct Social Security business, we will supply one on request, free of charge. If you want us to supply the interpreter, please call 1-800-772-1213 before you come to the office and tell us what language you prefer to speak.

**Si usted necesita un intérprete para tramitar sus asuntos con el Seguro Social, le podemos proveer uno, si lo pide, completamente gratis. Si usted desea que le proveamos un intérprete, por favor llame al 1-800-772-1213 antes de venir a la oficina y háganos saber qué idioma prefiere hablar.**

*Social Security Administration*

Enclosure:  
Envelope

**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 us from crediting your earned wages.~~

~~We will use the information you provide to give you credit for earnings reported. We may also share this information for the following purposes, called routine uses:~~

- ~~1. To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes; and~~
- ~~2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of our 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 to 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, 60-0059, entitled Earnings Recordings 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 Privacy Act & PRA  
Statements attached

~~**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 10 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 21235-0001.*~~

***SSA will insert the following revised Privacy Act & PRA Statements 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 us from crediting the proper earnings record.

We will use the information you provide to ensure wages and self-employment income are properly identified and credited to the appropriate earnings record. We may also share the 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 or 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 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).

**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 10 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.***