

Social Security Administration
Retirement, Survivors, and Disability Insurance
Request for Self-Employment 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 about self-employment earnings reported to us by the Internal Revenue Service. Please complete the information on the back of this letter and return it to us promptly. We cannot put these earnings on your Social Security record until the name and Social Security number reported agree with our records.

Name:

Social Security Number:

Reported Net Earnings from Self-Employment:

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 the Schedule SE of your tax return and your Social Security card.
3. If the name and number shown on the Social Security card:
 - **Agree exactly** with the information shown above, contact your local Social Security office. Do not mail this letter back to us.
 - **Do not agree** with the information shown above, fill in the requested information on the back of this letter. Then mail this letter to us in the enclosed envelope.
4. Make sure that your future tax returns have your correct name and Social Security number.

Si usted necesita una traducción de esta carta, por favor llámenos gratis al, 1-800-772-1213, de lunes a viernes, desde las 7 a.m. hasta las 7 p.m.

Please See Reverse

REQUEST FOR SELF-EMPLOYMENT INFORMATION

1. Name shown on your Social Security card: (Please Print- Use Black Ink or #2 Pencil)

First	M.I.	Last

2. Social Security number on your card:

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3. Were the earnings shown on the front of this letter reported on your (joint/individual) tax return?

If No, explain _____

If Yes, do the earnings reported belong to: You Your spouse (Please check one)

Spouse's Name:

First	M.I.	Last

Spouse's SSN:

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4. Have you ever used another name? No Yes (Give other names used)

First	M.I.	Last

First	M.I.	Last

5. Daytime phone number where you can be reached _____

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:

Social Security Administration

Enclosure:
Envelope

See Next Page

DO NOT RETURN THIS PAGE
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.

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.***