

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

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

Date:

Sequence Number:

Employer Number:

We are writing to you about your Wage and Tax Statement (W-2) or Corrected Wage and Tax Statement (W-2c) for the employee shown below. Please complete the information on the back of this letter and return it to us promptly. We cannot put these earnings on the employee's Social Security record until the name and Social Security number you reported agree with our records.

**Employee's Name:**

**Social Security Number:**

**Reported Earnings:**

**Tax Year:**

The reasons the reported information does not agree with our records may include, but are not limited to:

- Typographical errors
- Incomplete or blank name reported
- Incomplete or blank Social Security number (SSN) reported
- Name changes

This letter does not imply that you or your employee intentionally provided incorrect information about the employee's name or SSN. It is not a basis, in and of itself, for you to take any adverse action against the employee, such as laying off, suspending, firing, or discriminating against the individual. Any employer that uses the information in this letter to justify taking adverse action against an employee may violate state or Federal law and be subject to legal consequences. Moreover, this letter makes no statement about your employee's immigration status.

**For Spanish-speaking individuals: Esta carta no implica que usted ni su empleador intencionalmente proveyeron información incorrecta sobre el nombre o número de Seguro Social del empleado. El hecho de que haya recibido esta carta no constituye una razón, de por sí, para que tome alguna acción adversa contra el empleado, tal como suspenderlo, despedirlo o discriminar contra el individuo. Cualquier empleador que use la información en esta carta para justificar una acción adversa contra un empleado puede encontrarse en violación de la ley estatal o federal, y estar sujeto a enfrentar consecuencias legales. Además, esta carta no hace ninguna declaración sobre el estado inmigratorio de su empleado.**

**Esta carta pide información sobre las ganancias que usted informó para su empleado. 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

**THIS IS WHAT YOU NEED TO DO**

1. Compare the information shown on the front of this letter to your employment records.
2. If the records match, ask the employee to give you the name and Social Security number exactly as it appears on the employee's Social Security card. (While the employee must furnish the SSN to you, the employee is not required to show you the Social Security card. But, seeing the card will help ensure that all records are correct.)
3. If the employee's Social Security card does not show the employee's correct name or Social Security number, or if the employee needs to report a name change or replace a lost Social Security card, have the employee contact any Social Security office.
4. If you or the employee has been using an incorrect name or Social Security number, you must correct it.
5. Fill in the requested information below and return this letter in the enclosed envelope. (Do not attach a Form W-2c to this letter.)

**REQUEST FOR EMPLOYER INFORMATION** (Please Print-- Use Black Ink or #2 Pencil)

1. Name shown on the employee's Social Security card:

First											M.I.	Last										
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2. Social Security number on the employee's card: 

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3. Do the earnings reported belong to this employee?  Yes  No (Explain)

4. Has the employee ever used another name?  No  Yes (Give other names used)

First											M.I.	Last										
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5. Does the employee still work for you?  Yes  No (Give full last known address)

ADDRESS																							
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CITY											STATE	ZIP		
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6. Daytime phone number where you can be reached \_\_\_\_\_

If you have any questions, you may call us toll-free at 1-800-772-6270 from 7 a.m. to 7 p.m., Monday through Friday, Eastern time. If you call an office, please have this letter with you. It will help us to answer your questions.

*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 the employee the correct amount of wages earned.

We will use the information you provide to give the employee credit for the correct amount of wages earned. 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).

**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.***