Social Security Administration
Retirement, Survivors, and Disability Insurance

BENEFICIARY NAME
ADDRESS
CITY ST ZIP

We need updated information about your work to make sure that we pay you the right amount of Social Security benefits. Earlier, you told us that your earnings this year would be about *[amount]*. We want to review your estimate since your plans may have changed. We also need to know about your work plans for *[year]*.

What You Need to Do

Please complete the enclosed form to tell us about your work. Please return it as soon as possible in the enclosed envelope. If we do not receive it by *[date]*, we will use your *[year]* earnings estimate to decide how much we will pay you in the first part of *[year]*.

Thank you for taking the time to complete the form. We may contact you again if we need more information.

If You Have Questions

If you have any questions, please:

- Visit our website at www.socialsecurity.gov to find general information about Social Security.

- Call us toll-free at 1-800-772-1213 or call your local office at [*phone*]. We can answer most questions over the phone. If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778.

- Write or visit any Social Security office. If you plan to visit an office, you may call ahead to make an appointment. The office that serves your area is located at:

    [FO ADDRESS]

Please have this letter with you if you call or visit an office. If you write, please include a copy of the first page of this letter. It will help us answer your questions.

Acting Commissioner
of Social Security

Enclosures:
Earnings Estimate Form SSA-9779-SM-SUP
Envelope

<u>Estimate Your Earnings for *[year]* and *[year]*</u>

We have put together a list of questions that will help you update your earnings estimate. Please answer them carefully. Before you answer our questions, we want to talk briefly about how to estimate your earnings.

<u>How to Estimate Your Earnings</u>

It may not be easy for you to figure ahead of time how much you will make in *[year]* and *[year]*. However if you keep these pointers in mind, you should have no problem.

- If you are paid wages, base your estimate on what you expect to earn before taxes or other deductions for the whole year. Be sure to include bonuses, vacation pay, sick pay, tips of $20 or more a month, and any contribution that you make from your salary to a tax deferred savings plan.

- Drop from your estimate any money you will get from your employer this year for work you did last year or before. Also, do not include:

  - Social Security, railroad or civil service retirement, veterans, black lung, or public assistance benefits
  - Pensions and other retirement payments which are not reported on your W-2 form
  - Investment income
  - Interest from savings accounts
  - Life insurance annuities and dividends
  - Gifts or inheritances
  - Gain (or loss) from the sale of capital assets
  - Rental income
  - Unemployment or worker's compensation
  - Jury duty payments

- If you are self-employed, base your estimate on what you think your net earnings will be – just like on your tax return. If you become entitled to Social Security benefits **before** *[year]*:
  - Do not include in your estimate any Federal agricultural program payments you expect in *[year]*; and
  - Do not include self-employment income received in *[year]* from carry-over crops for work you did **before** you became entitled to Social Security benefits.

- If you get both wages and income from self-employment, add the two amounts together. The total is your estimate.

(OVER)

- You will reach full retirement age in *[month] [year]*.

   Beginning with the month of full retirement age, the earnings limit no longer applies. If you will reach full retirement age in *[date]*, you do not have to complete question 5 regarding your earnings for *[year]*.

   People who reach full retirement age in February through December *[year]* should exclude from their estimate of yearly earnings for *[year]* any wages earned in the month they reach full retirement age and all following months. You should prorate self-employment income based on the number of months under full retirement age. That is, divide expected net earnings (or loss) for *[year]* by the number of months of self-employment and multiply this result by the number of months in *[year]* before you reach full retirement age.

Now, you are ready to answer the following questions about your earnings. Again, <u>it is important for us to hear from you.</u>

EARNINGS ESTIMATE

1. **Earlier, you told us you will earn *[amount]* this year. How much do you now think you will earn in *[year]*?**

   Show your earnings for the whole year, including amounts you will earn both before and after you filed for Social Security benefits.

   Show your answer in the space below. Use dollar amounts only; round cents to the nearest whole dollar.

Wages	$ ☐ , ☐☐☐ , ☐☐☐
₊ **Net Self-Employment**	$ ☐ , ☐☐☐ , ☐☐☐
= **Total Earnings**	$ ☐ , ☐☐☐ , ☐☐☐

   ## Your Monthly Earnings

   So far you have figured out how much you plan to earn in *[year]*. Now you need to go back and estimate how much you will earn each month. We need to know this because we pay you based on how much you will earn each month.

   It works like this. Usually, if you make more than the earnings limit, which in *[year]* is $*[AEA]*, we have to hold back some of your Social Security. However, if we know how much you earned before taxes in each month in *[year]* we may be able to pay you more.

   The same is true of self-employed people. The difference is that we will need to know how many hours you worked in each month, instead of the amount of money you earned.

   For the following months in *[year]*, you previously told us that you would not earn over $*[MEA]* and would not work over 45 hours in self-employment.

2. **If you worked for wages, place an "X" in the box under <u>each month</u> when you earned $*[MEA]* or less. Do not put an "X" in the box for months you earned more than $*[MEA]*.**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

   Please go on to the next question

3. If you were self-employed, enter how many hours you worked in each month for *[year]*. **Enter "0" if you did not work any hours for that month. Be sure to complete every box for the whole year.**

   For example - if you worked 22 hours, enter the hours as follows: | 0 | 2 | 2 |

   If you worked 0 hours, enter the hours as follows: | 0 | | |

JAN	FEB	MAR	APR	MAY	JUN

JUL	AUG	SEP	OCT	NOV	DEC

Your Retirement Plans

To help us make sure that we understand your answers, we would like to know if you have retired, or if you plan to retire this year.

4. Have you retired, or do you plan to retire in *[year]***?**

   If you retired, or plan to retire from your regular (full-time) employment in *[year]*, answer "**YES**" to this question even if you work or plan to work part-time.

   Show an "X" in the box next to your answer.

   ☐ **NO**, I have not retired and I am not going to retire this year.

   ☐ **YES**, I have retired, or plan to retire this year.

   If you answered "**yes**", please show your **retirement date** in the space below.

   ☐☐ / ☐☐ / ☐☐☐☐

   Month / Day / Year

   Please answer question 5 on the next page

Our Last Question

If you will reach full retirement age in January *[year]*, you do not have to complete this question.

Our last question is about your earnings in *[year]*. Please look ahead and estimate how much you plan to earn next year. We will use this information to decide how much we can pay you in *[year]*.

- If you do not plan to work in *[year]*, show "0" as your estimated earnings amount

- If you will attain full retirement age in *[year]*, include only your earnings prior to the month you become full retirement age.

You must answer this question. If you do not enter an amount on question 5, we will use your estimate for *[year]* to decide how much to pay you in *[year]*.

5. How much do you think you will earn in *[year]*?

Show your answer in the space below. Use dollar amounts only; round cents to the nearest whole dollar.

$ ☐ , ☐☐☐ , ☐☐☐

Your Signature

I declare under penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge.

_____   _____
Signature   **Date**

Also, please give us a telephone number where we can reach you during the day. We may contact you directly if we need more information to process this form.

_____
Daytime Telephone Number

For SSA Use ONLY			
Ext.	WB1	WB2	WB3
☐	☐	☐	☐

Privacy Act Statement

Retirement, Survivors, and Disability Insurance

Sections 203(h) and 205(a) of the Social Security Act, as amended, allow us to collect this information. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on your benefit amount.

We will use the information to ensure that we are paying beneficiaries correctly, to prevent earnings-related overpayments, and to avoid erroneous withholding. We may also share your information for the following purposes, called routine uses:

1. To a contractor for the purpose of collating, evaluating, analyzing, aggregating or otherwise refining records when the Social Security Administration contracts with a private firm. (The contractor shall be required to maintain Privacy Act safeguards with respect to such records.); and

2. To the Department of State for administering the Social Security Act in foreign countries through services and facilities of that agency.

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 Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income Record, 60-0089, entitled Claims Folder System, and 60-0090, entitled Master Beneficiary Record. 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 21235-6401.*