

# Social Security Administration

## Retirement, Survivors, and Disability Insurance

Return Address

Date:

Claim Number:

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.

### What You Need To Do

Please complete the enclosed form to tell us about your work for *[year]*. Please return it as soon as possible in the enclosed envelope. If we do not receive it within 30 days, we will assume that you worked all months in *[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](http://www.socialsecurity.gov) to find general information about Social Security.
- Call us toll-free at 1-800-775-7802, 7:30 a.m. to 4:00 p.m. Monday through Friday. 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-9790-SM  
Envelope

## EARNINGS ESTIMATE

### Your Monthly Earnings

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 need to know how many hours you worked in each month, instead of the amount of money you will 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.

1. If you worked for wages, place an "X" in the box under each month 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 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
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If you worked 0 hours, enter the hours as follows:

0		
---	--	--

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

**Please answer question 3 on the next page**

To help us make sure that we understand your answers, we would like to know if you stopped working.

**3. Did you stop working?**

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

**NO**, I am still working.

**YES**, I stopped working.

If your answer is "YES", show the date you stopped working.

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**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**

<b>For SSA Use ONLY</b>			
Ext.	WB1	WB2	WB3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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](http://www.socialsecurity.gov/foia/bluebook).

See Revised PRA 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 21235-6401.

***SSA will insert the following revised PRA Statement into the letters as soon as possible:***

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