

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. Please return it as soon as possible in the enclosed envelope. 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-9784-SM
Envelope

Estimate Your Earnings for [year]

- In [year], the full retirement age for people born in 1951 is age 66. If you were born on the first day of the month, we consider you to have reached full retirement age in the prior month. For example, if your birthday is November 1, we treat you as if you reached full retirement age in October. This means that if you were born November 1, 1951, you only have to report wages for January through September. Question 1 shows the month you will reach full retirement age.
- 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.

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

EARNINGS ESTIMATE

- 1. How much do you think you will have earned this year in wages before *[month]*, the month you are full retirement age in *[year]*?**

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

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- 2. How much do you think you will earn in self-employment in *[year]*?**

If you are self-employed, we will reduce your estimated self-employment earnings to adjust for the period you are full retirement age and over.

Show your net self-employment earnings for the whole year in the space below. Use dollar amounts only; round cents to the nearest whole dollar.

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Please go on to the next question

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.

3. 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

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
<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.

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.***