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# SOCIAL SECURITY

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Important Information

Office Address:

Telephone

Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Office Hours: \_\_\_\_\_

Date: \_\_\_\_\_

We are asking for your help in obtaining wage information about the employee named on the attached pages. Please complete sections 1 through 3 of the form if they are indicated, and section 5 in all cases.

If you prefer to send a payroll printout instead of completing the form, please include an explanation of the items on the printout.

For your convenience, we are enclosing a postage-paid reply envelope. If a fax number is shown above, you may instead fax the information to that number.

We appreciate your help in this matter. If you have any questions, please call the telephone number above and ask for \_\_\_\_\_ .

Enclosure(s)  
Stamped Reply Envelope

Field Office Manager:

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## Privacy Act Statement

### Collection and Use of Personal Information

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Sections 1611(c), 1612(a), and 1631(e)(1) 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 making an accurate and timely decision on benefit eligibility or could result in loss of benefits of the named claimant.

We will use the information to verify wages of the named Supplemental Security Income applicant or recipient to determine eligibility and benefit amount. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an Agency function relating to this system of records; and
- To third party contacts (e.g., employers and private pension plans) in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his/her affairs or his/her eligibility for, or entitlement to, benefits under the Social Security program when the data are needed to establish the validity of evidence or to verify the accuracy of information presented by the individual, and it concerns one or more of the following his/her eligibility for benefits under the Social Security program; the amount of his/her benefit payment; or any case in which the evidence is being reviewed as a result of suspected fraud, concern for program integrity, quality appraisal, or evaluation and measurement activities.

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) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784, 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826, and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830. Additional information and a full listing of all our SORNs are available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

### Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 1 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 control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under the U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimates above to: SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

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EMPLOYEE NAME	SOCIAL SECURITY NUMBER	REFERENCE NUMBER
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1. **Current Wages.** Please show the following:

- Is the individual named above still employed with your company?

Yes       No

(If employment terminated, show the date last paid and the date last worked in the blocks below. It is not necessary to complete the rest of this section. If employment has NOT terminated, skip the first two blocks below and complete the rest of this section.)

Date Last Worked (MMDDYY)

Date Last Paid (MMDDYY)

\_\_\_\_\_

\_\_\_\_\_

Current rate of pay (*per hour, day, week, piece, etc.*):

\$ \_\_\_\_\_ per \_\_\_\_\_

Amount worked per pay period (*in hours, days, pieces, etc.*):

\_\_\_\_\_

Day of week or date(s) of month on which paid:

\_\_\_\_\_

How often paid (*weekly, biweekly, monthly, etc.*):

\_\_\_\_\_

Date last paid (*month, day, year*):

\_\_\_\_\_

Rate of overtime pay (*per hour, day, week, etc.*):

\$ \_\_\_\_\_ per \_\_\_\_\_

Average overtime per pay period (*no. of hours*):

\_\_\_\_\_

Please describe any changes you expect in any of the information shown above:

2. **DEDUCTIONS FROM GROSS WAGES**

- Does the employee participate in a CAFETERIA PLAN?

Yes       No

*A cafeteria plan is a pre-tax plan under section 125 of the Internal Revenue Code. Under a cafeteria plan, employees can choose, cafeteria-style, from a menu of two or more qualified benefits, or cash. Qualified benefits include, but are not limited to, accident and health plans, group term life insurance plans, dependent care assistance plans, and certain stock bonus plans under section 401(k)(2) (but not 401(k)(1)) of the Internal Revenue Code. Cafeteria plans are often shown on pay slips as FLEX, CHOICES, Sec. 125, café plan, etc.*

- Are any of the employee's wages garnished for child support?

Yes       No

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	REFERENCE NUMBER
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3. **PRIOR WAGES.** Please read the following instructions and provide the information requested on the following page(s).

### What We Need To Know About Wages and Deductions

#### Wages

We need to know the amount of **gross** wages paid to the employee **in** each of the months checked on the back of this page and any additional pages. Base these amounts on actual paydays in the month, **not** the ending dates of pay periods. For example, wages earned in a pay period ending on May 29 but actually paid on June 5 would be included in the total gross wages paid in June. If no wages were paid to the employee in a month that is checked, please show "none."

#### **Be sure to include in gross wages:**

- Tips
- Bonuses
- Overtime
- Holiday and vacation pay
- The dollar value of payments in kind (meals or lodging, for example)
- Any contributions under a salary reduction agreement to a cafeteria plan as defined in section 125 of the Internal Revenue Code
- Garnished child support.

**Do not include in gross wages any advance earned income tax credit payments.**

#### Deductions

Please also provide the amount of any cafeteria plan deductions, garnished child support, or any other item indicated at the top of these columns to the right of the gross wages. Please show "none," if applicable. Completion of the "OTHER" column is only needed when a specific item is listed at the top of that column.

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	REFERENCE NUMBER
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YEAR:	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
<input type="checkbox"/> January	\$	\$	\$	\$
<input type="checkbox"/> February	\$	\$	\$	\$
<input type="checkbox"/> March	\$	\$	\$	\$
<input type="checkbox"/> April	\$	\$	\$	\$
<input type="checkbox"/> May	\$	\$	\$	\$
<input type="checkbox"/> June	\$	\$	\$	\$
<input type="checkbox"/> July	\$	\$	\$	\$
<input type="checkbox"/> August	\$	\$	\$	\$
<input type="checkbox"/> September	\$	\$	\$	\$
<input type="checkbox"/> October	\$	\$	\$	\$
<input type="checkbox"/> November	\$	\$	\$	\$
<input type="checkbox"/> December	\$	\$	\$	\$

YEAR:	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
<input type="checkbox"/> January	\$	\$	\$	\$
<input type="checkbox"/> February	\$	\$	\$	\$
<input type="checkbox"/> March	\$	\$	\$	\$
<input type="checkbox"/> April	\$	\$	\$	\$
<input type="checkbox"/> May	\$	\$	\$	\$
<input type="checkbox"/> June	\$	\$	\$	\$
<input type="checkbox"/> July	\$	\$	\$	\$
<input type="checkbox"/> August	\$	\$	\$	\$
<input type="checkbox"/> September	\$	\$	\$	\$
<input type="checkbox"/> October	\$	\$	\$	\$
<input type="checkbox"/> November	\$	\$	\$	\$
<input type="checkbox"/> December	\$	\$	\$	\$

4. Additional Information/Comments:

5. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	REFERENCE NUMBER
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YEAR:	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
<input type="checkbox"/> January	\$	\$	\$	\$
<input type="checkbox"/> February	\$	\$	\$	\$
<input type="checkbox"/> March	\$	\$	\$	\$
<input type="checkbox"/> April	\$	\$	\$	\$
<input type="checkbox"/> May	\$	\$	\$	\$
<input type="checkbox"/> June	\$	\$	\$	\$
<input type="checkbox"/> July	\$	\$	\$	\$
<input type="checkbox"/> August	\$	\$	\$	\$
<input type="checkbox"/> September	\$	\$	\$	\$
<input type="checkbox"/> October	\$	\$	\$	\$
<input type="checkbox"/> November	\$	\$	\$	\$
<input type="checkbox"/> December	\$	\$	\$	\$

YEAR:	GROSS WAGES PAID IN MONTH	CAFETERIA PLAN DEDUCTIONS	CHILD SUPPORT GARNISHMENTS	OTHER
<input type="checkbox"/> January	\$	\$	\$	\$
<input type="checkbox"/> February	\$	\$	\$	\$
<input type="checkbox"/> March	\$	\$	\$	\$
<input type="checkbox"/> April	\$	\$	\$	\$
<input type="checkbox"/> May	\$	\$	\$	\$
<input type="checkbox"/> June	\$	\$	\$	\$
<input type="checkbox"/> July	\$	\$	\$	\$
<input type="checkbox"/> August	\$	\$	\$	\$
<input type="checkbox"/> September	\$	\$	\$	\$
<input type="checkbox"/> October	\$	\$	\$	\$
<input type="checkbox"/> November	\$	\$	\$	\$
<input type="checkbox"/> December	\$	\$	\$	\$

4. Additional Information/Comments:

5. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_