

SOCIAL SECURITY

Refer to: _____ Date: _____
• Social Security Number: _____
Worker's Name: _____
Area Code: _____
Telephone: _____

So that we may determine the above-named person's eligibility for Social Security benefits, please furnish the amount of gross wages earned by the employee in each of the months checked below. If no wages were earned in a month, show "none."

Please note that we need to know the amounts earned for services performed within the calendar month, regardless of the amounts paid. If the employee received cash tips, include the amount in the totals for the month.

We appreciate your cooperation in furnishing this information. An envelope requiring no postage is enclosed for your convenience. A computerized printout in any format may be substituted for the enclosed form.

Sincerely Yours,

Enclosure

Beginning Date of Employment: _____ Ending Date of Employment: _____

Year: _____ If the amount of wages for each month is the same, enter the monthly amount here. _____

<input type="checkbox"/> January \$ _____	<input type="checkbox"/> April \$ _____	<input type="checkbox"/> July \$ _____	<input type="checkbox"/> October \$ _____
<input type="checkbox"/> February _____	<input type="checkbox"/> May _____	<input type="checkbox"/> August _____	<input type="checkbox"/> November _____
<input type="checkbox"/> March _____	<input type="checkbox"/> June _____	<input type="checkbox"/> September _____	<input type="checkbox"/> December _____

See other side for additional years (check if applicable).

Year: _____ If the amount of wages for each month is the same, enter the monthly amount here. _____

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<input type="checkbox"/> February _____	<input type="checkbox"/> May _____	<input type="checkbox"/> August _____	<input type="checkbox"/> November _____
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I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

EMPLOYER		AREA CODE AND TELEPHONE NO.	
NAME	TITLE	DATE	

~~Privacy Act Statement~~ ~~Collection and Use of Personal Information~~

~~Sections 205(a) and 223(d) 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 any claim filed or could result in the loss of benefits.~~

~~We will use the information to verify wages or resolve wage discrepancies, and evaluate and determine if the individual named on this form meets eligibility requirements for benefits. We may also share your 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 third party contacts (e.g., employers and private pension plan) in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage affairs or 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 the individual's eligibility for benefits under the Social Security program.~~

~~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 System, 60-0089, entitled Claims Folders Systems, and 60-0090, entitled Master Beneficiary Record. Additional information and a full listing of all our SORNs are available on our website at www.ssa.gov/privacy/sorn.html.~~

**See Revised Privacy Act &
PRA Statements 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. The OMB control number for this collection is 0960-0034. We estimate that it will take about 40 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.**~~