

Notification of a Social Security Number (SSN) to an Employer for Wage Reporting Purposes

A.	Employer Information			
	Employer's Name:			
	Street:			
	Employer's Address:	City:	State:	ZIP:
	Employer's Identification Number (EIN):			
B.	To be completed by the SSN applicant			
	I request that SSA notify my employer of my SSN upon assignment.			
	Printed Name:			
	Signature:			Date (MM/DD/YYYY):
C.	For SSA use only			
	An SSN has been assigned and a Social Security card was mailed to the following person who requested we notify you directly of the SSN.			
	First Name:			
	Middle Name:			
	Last Name:			
	Social Security Number:			

NOTE: This notification may only be used for original SSN applications when SSA has not yet assigned an SSN.

Instructions for Completing Notification of a Social Security Number (SSN) to an Employer for Wage Reporting Purposes Form

Please read these instructions carefully before completing this form:

When to Use This Form

Use this form if you are applying for a Social Security Number (SSN) and want SSA to notify your employer of the SSN upon assignment.

How to Complete This Form

Section A. Employer information

- Fill in the employer name, mailing address, and Employer Identification Number (EIN).

Section B. To be completed by the SSN applicant

- Sign and date the form at the SSA office at the time you apply for the original SSN.

Section C. For SSA use only

- The SSA field office employee will complete the name and SSN of the person who signed in Section B. upon assignment of the original SSN.

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 205(c)(2)(B)(i)(I) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to notify your employer of your assigned Social Security number (SSN), for wage reporting purposes.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from processing your request. We rarely use the information you supply us for any purpose other than to notify an employer of your assigned SSN. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information about this and other system of records notices and our programs is available online at www.socialsecurity.gov or at your local Social Security office.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

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 2 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.