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Form Approved OMB No. 0960-0505

Social Security Administration Retirement, Survivors, and Disability Insurance Request for Employer Information

Social Security Administration Data Operations Center P.O. Box 40 Wilkes Barre, PA 18767-0040

Date:

Sequence Number:

Employer Number:

We are writing to you about your Form W-2, Wage and Tax Statement, for the employee shown below. Our records show that the employee is a young child. Therefore, we need your help to resolve some questions before we can add the wages to the employee's earnings record.

Employee's Name: Social Security Number: Reported Earnings: Tax Year:

Please fill in the information on the back of this form and mail it to us in the enclosed envelope. If possible, verify the number on the employee's Social Security card and check your records to give us the information requested.

If you have any questions, you may call us toll free at 1-800-772-6270 from 7:00 a.m. to 7:00 p.m. Eastern Time. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.

Social Security Administration

Enclosure: Envelope

See Revised Privacy Act &

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Social Security Request for Employee Information

1.	Please print the full name as shown on the Social Security card:
	Name:
	First M.I. Last
2.	Enter the Social Security number from your records:
	Social Security Number:
3.	Enter the employee's date of birth: Month Day Year and Sex M F
4.	What is the latest address you have on file?
5.	What was the employee's job?

Collection and Use of Personal Information PRA Statements attached

Privacy Act Statement

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We use the information you provide on this form to give the employee credit for the correct amount of wages.

Completion of this form is voluntary. However, failure to provide all or part of the information could prevent us from giving the employee credit for the correct amount of wages.

We rarely use this information you supply for any purpose other than for determining continuing eligibility. However, we may use it for the administration and integrity of the Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of Social Security programs.

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 payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems is available on-line at www.socialsecurity.gov or at your local Social Security office.

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 control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions.

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You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

Send only comments relating to our time estimate to this address, not the completed form.

SSA will insert the following revised Privacy Act & PRA Statements into the form as soon as possible:

Privacy Act Statement Collection and Use of Personal Information

Section 205(c)(2)(A) 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 lead the agency to improperly post wages to the wrong earnings record.

We will use the information provided by employers to credit the correct person with reported earnings. We may also share your information for the following purposes, called routine uses:

- To student volunteers, individuals working under a personal services contract, and other
 workers who technically do not have the status of Federal employees, when they are
 performing work for us, as authorized by law, and they need access to personally
 identifiable information (PII) in our records in order to perform their assigned agency
 functions; and
- To Federal, State, or local agencies (or agents on their behalf) for the purpose of validating Social Security numbers used in administering cash or non-cash income maintenance programs or health maintenance programs (including programs under the Social Security Act).

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 Notice (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register on January 11, 2006, at 71 FR 1819. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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 <u>only</u> comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.