

Supplemental Security Income Telephone Wage Reporting - Instructions

Recipients, deemors, and representative payees reporting a change in wages can report **total monthly** wages to SSA by telephone. These instructions explain what recipients, deemors, and representative payees need to do in order to use the SSA phone system to report **total monthly** wages. Using the following charts to help you calculate your monthly wages is voluntary. Recipients, deemors, and representative payees who prefer not to report wages by telephone may use the mobile wage reporting application, the online wage reporting tool on the [my Social Security](#) website, or traditional reporting methods such as mailing or bringing paystubs into their local Social Security office. Monthly telephone reporters who experience technical difficulties should contact their local Social Security office for assistance.

When you should call to report monthly wages

Please report wages during the first six days of the month to help prevent an incorrect SSI payment. You can choose which of the six days to call. If you miss reporting during the six-day reporting period at the beginning of the month, you can still report wages over the phone, via the mobile or internet application, or through your local Social Security office.

Things you need to have before you report wages by telephone

- The **caller's** Social Security number – this is the person actually calling to report the wages
- The **wage earner's** Social Security number - this is the person working
- The **TOTAL** amount of gross wages received for the entire month by the wage earner. Gross wages are the amount of pay before taxes and other deductions
- The **caller's** name as it appears on their Social Security card

How to figure the total wages for each month

Fill in the blanks on the attached worksheets. Use your worksheet to report wages for the entire month when you call the 800 number.

Who is the Wage Earner?

A wage earner is the person who is working and receiving wages or payment for working. You are the wage earner if you are working and you are reporting your own wages. If you are calling to report someone else's wages, then the wage earner is the person whose wages you are reporting.

How to fill-in the worksheet

Date Paid

Use **Box A** to show the date paid.

Date Paid is the date (Month, Day, Year) the wage earner is paid (pay day).

Gross Wages

Use **Box B** to show the gross amount of wages.

Enter dollars and cents (\$ X,XXX.cc).

Use the wage earner's pay stub to find the gross wages. Gross wages are the amount of pay before taxes and other deductions. Do **not** enter net wages, which is the amount of take home pay on the paycheck, or the direct deposit amount to your bank account. Do **not** enter the total wages for the year, also called the year-to-date (YTD) amount.

Use a Separate Line for Each Pay

You should fill-in a line for each pay date in a month.

If the wage earner is paid 2 times a month, you should fill-in **Line 1** and **Line 2**.

If the wage earner is paid 3 times a month, you should fill-in **Line 1**, **Line 2** and **Line 3**.

If the wage earner is paid 4 times a month, you should fill-in **Line 1**, **Line 2**, **Line 3**, and **Line 4**.

If the wage earner is paid 5 times a month, you should fill-in **Line 1**, **Line 2**, **Line 3**, **Line 4** and **Line 5**.

If the wage earner gets an extra check for special pay such as an award, bonus, unused vacation, or any other reason, use a separate line to enter the pay date and gross wages.

How Wage Earner is Paid:	Number of Pays a Month:
Paid Weekly	4 Pays or 5 Pays
Paid Bi-Weekly (Every 2 Weeks)	2 or 3 Pays
Paid Bi-Monthly	2 Pays
Paid Monthly	1 Pay

Total Gross Wages

Use **Box C** to enter the total amount of gross wages received in the entire month.

Add together all gross wages in **Box B** for each line where you have wage amounts. This is your total monthly wages. Put the total in **Box C TOTAL**.

Please double check that you only include all dates and amounts that you received in the month shown at the top of the page.

You are now ready to call in and report the total gross wages received.

IMPORTANT:

- Please be sure to report wages from a quiet location, since background noise may cause the report to fail.
- Each month you should report the total gross wages received in the PREVIOUS month.

Remember, consistent and timely monthly wage reporting helps prevent SSI overpayments and underpayments.

Call 1-866-772-0953 now to make your report.

Wage Reporting Reminder

You can now sign up for email or text reminders to report monthly wages for SSI at www.socialsecurity.gov/ssiwagereporting/

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 5 minutes to read the instructions, gather the facts, and answer the questions.

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 report.**

The OMB control number for the Supplemental Security Income Telephone Wage Reporting and the associated instructions package is 0960-0715; expiration date 08/31/2019.

Supplemental Security Income Wages for October 2018

Wages for **OCTOBER**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days to report in **NOVEMBER**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Please report October's wages during the first 6 days of November.

		BOX A	BOX B						
Line 1	Date Paid:	October ____ , 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	October ____ , 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	October ____ , 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	October ____ , 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	October ____ , 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	October ____ , 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOX C		TOTAL Gross Wages	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
OCTOBER 2018

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for November 2018

Wages for **NOVEMBER**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Days to report in **DECEMBER**

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Please report November's wages during the first 6 days of December.

BOX A				BOX B						
Line 1	Date Paid:	November	____, 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	November	____, 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	November	____, 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	November	____, 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	November	____, 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	November	____, 2018	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOX C				TOTAL	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Gross Wages		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
NOVEMBER 2018

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for December 2018

Wages for **DECEMBER**

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Days to report in **JANUARY 2019**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Please report December's wages during the first 6 days of January.

BOX A				BOX B									
Line 1	Date Paid:	December	____, 2018	Gross Wages: \$	□	,	□	□	□	□	□	□	□
Line 2	Date Paid:	December	____, 2018	Gross Wages: \$	□	,	□	□	□	□	□	□	□
Line 3	Date Paid:	December	____, 2018	Gross Wages: \$	□	,	□	□	□	□	□	□	□
Line 4	Date Paid:	December	____, 2018	Gross Wages: \$	□	,	□	□	□	□	□	□	□
Line 5	Date Paid:	December	____, 2018	Gross Wages: \$	□	,	□	□	□	□	□	□	□
Line 6	Date Paid:	December	____, 2018	Gross Wages: \$	□	,	□	□	□	□	□	□	□
BOX C				TOTAL	\$	□	□	,	□	□	□	□	□
				Gross Wages		□	□	,	□	□	□	□	□

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
DECEMBER 2018

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for January 2019

Wages for **JANUARY 2019**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days to report in **FEBRUARY**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

Please report January's wages during the first 6 days of February.

BOX A				BOX B						
Line 1	Date Paid:	January	____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	January	____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	January	____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	January	____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	January	____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	January	____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOX C				TOTAL	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Gross Wages		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JANUARY 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for February 2019

Wages for **FEBRUARY**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

Days to report in **MARCH**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Please report February's wages during the first 6 days of March.

BOX A				BOX B						
Line 1	Date Paid:	February	____,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2019		,			.		
Line 2	Date Paid:	February	____,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2019		,			.		
Line 3	Date Paid:	February	____,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2019		,			.		
Line 4	Date Paid:	February	____,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2019		,			.		
Line 5	Date Paid:	February	____,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2019		,			.		
Line 6	Date Paid:	February	____,	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			2019		,			.		
BOX C				TOTAL	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>
				Gross Wages		<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
FEBRUARY 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for March 2019

Wages for **MARCH**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Days to report in **APRIL**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Please report March's wages during the first 6 days of April.

		BOX A				BOX B								
Line 1	Date Paid:	March	___,	2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 2	Date Paid:	March	___,	2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 3	Date Paid:	March	___,	2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 4	Date Paid:	March	___,	2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 5	Date Paid:	March	___,	2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Line 6	Date Paid:	March	___,	2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
		BOX C	TOTAL		\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
			Gross Wages											

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
MARCH 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for April 2019

Wages for **APRIL**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Days to report in **MAY**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Please report April's wages during the first 6 days of May.

BOX A			BOX B						
Line 1	Date Paid:	April _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	April _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	April _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	April _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	April _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	April _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOX C			TOTAL Gross Wages	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
APRIL 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for May 2019

Wages for **MAY**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	31		

Days to report in **JUNE**

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Please report May's wages during the first 6 days of June.

BOX A			BOX B						
Line 1	Date Paid:	May _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	May _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	May _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	May _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	May _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	May _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOX C			TOTAL Gross Wages	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
MAY 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for June 2019

Wages for **JUNE**

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Days to report in **JULY**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Please report June's wages during the first 6 days of July.

BOX A			BOX B						
Line 1	Date Paid:	June _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	June _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	June _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	June _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	June _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	June _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOX C			TOTAL Gross Wages	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JUNE 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for July 2019

Wages for JULY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days to report in AUGUST

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Please report July's wages during the first 6 days of August.

BOX A			BOX B								
Line 1	Date Paid:	July _____, 2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	July _____, 2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	July _____, 2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	July _____, 2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	July _____, 2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	July _____, 2019	Gross Wages: \$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
BOX C			TOTAL Gross Wages	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
JULY 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for August 2019

Wages for **AUGUST**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Days to report in **SEPTEMBER**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Please report August's wages during the first 6 days of September.

BOX A			BOX B						
Line 1	Date Paid:	August ____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid:	August ____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid:	August ____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid:	August ____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid:	August ____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid:	August ____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOX C			TOTAL Gross Wages	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
AUGUST 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

Supplemental Security Income Wages for September 2019

Wages for **SEPTEMBER**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Days to report in **OCTOBER**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Please report September's wages during the first 6 days of October.

BOX A		BOX B								
Line 1	Date Paid: September _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	Date Paid: September _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	Date Paid: September _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 4	Date Paid: September _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 5	Date Paid: September _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 6	Date Paid: September _____, 2019	Gross Wages: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOX C		TOTAL Gross Wages	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the **TOTAL Gross Wages** from **BOX C** when you report wages for
September 2019

Call 1-866-772-0953 now to make your report

KEEP PAY SLIPS AND THIS FORM FOR YOUR RECORDS

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

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

Sections 205(a) and 1631(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 eligibility for Supplemental Security Income (SSI) benefits.

We will use the information you provide to make a determination of eligibility for SSI benefits. We may also share your information for the following purposes, called routine uses:

- To third party contacts such as private collection agencies and credit reporting agencies under contract with the Social Security Administration (SSA) and State motor vehicle agencies for the purpose of their assisting SSA in recovering overpayments; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs.

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 System, as published in the Federal Register (FR) on April 01, 2003, at 68 FR 15784 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 of our SORNs, is available on our website at www.ssa.gov/privacy.