Comprehensive List of SSA-1373 Data Elements

This table provides a comprehensive list of the data elements in the original version and proposed revised version of the Form SSA-1373 (Insufficient Primary Evidence) and details the change, if any, by field.

SSA-1373 – Original Version			SSA-1373 – Revised Version			Revision Notes
Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
Title	Employment Network Supplemental Earnings Statement	N/A	Title	Insufficient Primary Evidence Form	N/A	Title revision – Revised to more accurately reflect the form's purpose of documenting insufficient primary evidence.
Instructions	If the primary evidence does not contain some required information, such as pay period end dates, please use this table to provide any missing information.	N/A	Instructions	Use this form to provide information when primary evidence is illegible or insufficient.	N/A	Instructions revision – Revised to clarify that the form should be used when primary evidence is illegible or insufficient.
1	EN Organization Name	[Open response]	1	EN (Employment Network) Organization Name	[Open response]	Question revision – Revised to clarify the meaning of "EN".
2	DUNS Number (Data Universal Numbering System)	[Open response]	2	PID (Provider Identification) Number	[Open response]	Question revision – Revised to reflect the phase out of the DUNS and the transitioned to the PID.
3	Employee Name	[Open response]	3	Ticketholder Name	[Open response]	Question revision – Revised for clarity and consistency with program terminology.
4	Employee Social Security Number	[Open response]	4	Ticketholder SSN (Social Security Number)	[Open response]	Question revision – Revised for clarity and consistency with program terminology.
Instructions	Please complete the Earnings Evidence Table below, listing each pay period on each line separately. Feel free to list multiple claim months for the same Ticket-holder on the same form.	N/A	Instructions	Please complete the Primary Evidence Table below, listing each pay period on a separate line. Feel free to list multiple claim months for the same Ticketholder on the same form.	N/A	*No change.*
5	Earnings Evidence Table	[Table – Beginning Pay Period Date; Ending Pay Period Date; Pay Date; Hours Worked; Hourly Rate; Withholding Amount; Total Gross Earnings; Year-to-date Gross Earnings]	5	Earnings Evidence Table	[Table – Beginning Pay Period Date; Ending Pay Period Date; Pay Date; Hours Worked; Hourly Rate; Withholding Amount; Total Gross Earnings; Year-to-date Gross Earnings]	*No change.*

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
Statement	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. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.	N/A	Statement	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. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.	N/A	*No change.*
6	Employer Representative Name	[Open response]	6	Printed Name of EN Representative	[Open response]	Question revision – Revised to specify that the printed name of the EN representative is required.
7	Signature	[Signature]	7	Signature of EN Representative	[Signature]	Question revision – Revised to specify that the signature of the EN representative is required.
8	Date		8	Date		*No change.*
9	By checking this box and signing above, the employer attests that all withholdings required by law have been made from this employee's earnings.	[Checkbox]				Existing question removed – Eliminated request to streamline the form and eliminate requests for information that are not essential for documenting insufficient primary evidence.
PRA	Privacy Act Statement	N/A	PRA	Privacy Act Statement	N/A	Updated to reflect the current Privacy Act information.
PRA	Paperwork Reduction Statement	N/A	PRA	Paperwork Reduction Statement	N/A	Updated to reflect the current Paperwork Reduction information and to reflect the current TPM fax number.