

REQUEST FOR CORRECTION OF EARNINGS RECORD

I have examined your statement (or record) of my Social Security earnings and it is not correct. I am providing the following information and accompanying evidence so that you can correct my record.

1. Print your name (First Name, Middle Initial, Last Name)	2. Enter your date of birth (Month, Day, Year)
3. Print your name as shown on your Social Security number card	
4. Print any other name used in your work. (If you have used no other name enter "None.")	
5. (a) Enter your Social Security number	5. (b) Enter any other Social Security number(s) used by you or your employer to report your wages or self-employment. If none, check "None." <input type="checkbox"/> None
	(1)
	(2)
	(3)

6. IF NECESSARY, SSA MAY DISCLOSE MY NAME TO MY EMPLOYERS:
 (Without permission to use your name, SSA cannot make a thorough investigation.) YES NO

- If you disagree with wages reported to your earnings record, complete Item 7.
- If you disagree with self-employment income recorded on your earnings record, go to Item 8.

7. Print below in date order your employment **only** for year(s) (or months) you believe our records are not correct. If you need more space, attach a separate sheet. Please make only one entry per calendar period employed. Show quarterly wage periods and amounts for years prior to 1978; annual amounts, 1978 on.

1 - Year(s) (or months) of employment	Employer's business name, address, and phone number <i>(include number, city, state, and ZIP code)</i>	My correct Social Security (FICA) wages were:	My evidence of my correct earnings (enclosed)
(a) 1.		\$	<input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify)
2.			
(b) 1.		\$	<input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify)
2.			
(c) 1.		\$	<input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify)
2.			

- If you do not have evidence of these earnings, you must explain why you are unable to submit such evidence in the remarks section of Item 10.
- If you do not have self-employment income that is incorrect go on to item 10 for any remarks, and then complete Item 11.

8. Print below in date order your self-employment earnings **only** for years you believe our records are not correct. Please make only one entry per year.

Trade or business name and business address	Year(s) of self-employment	My correct self-employment earnings were:
(a)		\$
(b)		\$

9. Regarding your earnings from self-employment:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. Did you file an income tax return reporting your self-employment income?	(If "YES," go on to Item 9b.)	(If "NO," explain why in Item 10).
b. Do you have a copy of your income tax return and evidence of filing such as a canceled check?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	(If "YES," please enclose copies.)	(If "NO," go on to Item 9c.)
c. Have you asked the Internal Revenue Service to furnish you copies from their records?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	(But none available)	(If "NO," please do so if your return was filed less than 6 years ago.)
d. If you are unable to submit a copy of your self-employment tax return, please explain in the remarks section (Item 10).		
10. Remarks - You may use this space for any explanations. (If you need more space, please attach a separate sheet).		

10. A. Required Remarks: If self-employment income was reported on your federal income tax return to claim Earned Income Tax Credits, you are required to provide an explanation. (If you need more space, please attach a separate sheet.)

11. 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 statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

Signature of person making statement *(First Name, Middle Initial, Last Name)*

Mailing Address *(Number & Street, Apt. No., P.O. Box, Rural Route)*

City	State	ZIP Code
Date	Telephone Number (Include Area Code):	
	1. Work	2. Home

When you have filled out this form, mail it in an envelope addressed to:

Social Security Administration
6100 Wabash Ave.
Baltimore, Maryland 21215

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

Sections 205(a), (c)(4), (5) and 233 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 affect your future eligibility for benefits and the amounts of benefits to which you may become entitled.

We will use the information to correct your earnings record where any discrepancy exists. We may also share your information for the following purposes, called routine uses:

- To the Department of the Treasury for: (a) Investigating the alleged forgery, or unlawful negotiation of Social Security checks; and (b) Tax administration as defined in 26 U.S.C. 6103 of the Internal Revenue Code;
- To the Department of Justice (Federal Bureau of Investigation and United States Attorneys) for investigating and prosecuting violations of the Social Security Act; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration 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 Notice (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819. Additional information, and a full listing of all of 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 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 28 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send 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. Send only comments relating to our time estimate to this address, not the completed form.*