

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 NOTICE

Collection and Use of Personal Information

[See Revised Privacy Act and PRA Statements Attached](#)

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. Completion of this form is voluntary. By signing this form, you authorize us to notify your employer of your Social Security number (SSN), upon assignment, for the purpose of wage reporting. Without your signature, we cannot complete your request to notify your employer of the assigned SSN. We will not use this form for any other purpose.

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 2 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is 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 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 and PRA Statements into the form at its next scheduled reprinting:

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

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information to notify your employer of your Social Security number (SSN), upon assignment, for wage reporting purposes.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from completing your request to notify your employer of the assigned SSN.

We rarely use the information you supply for any purpose other than to notify your employer of the assigned SSN for the purpose of wage reporting. 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 assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census).

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.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Master Files of SSN Holders and SSN Applications, 60-0058. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.'

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