

Date: MM/DD/YYYY

Form Approved
OMB No. 0960-0432

**EMPLOYER QUESTIONNAIRE
SSA HAS NO RECORD OF EMPLOYER REPORT**

The IRS records show that you paid taxes on the wages that appear below. However, SSA does not have a record of your Forms W-2 and W-3 for these wages. The IRS requires you to send Forms W-2 to SSA.

IRS Data 941, 943, 944 or Schedule H (Form 1040) electronic and/or paper returns) for
Tax Year: YYYY
EIN: 99-9999999

Employer Name: Employer Name

Employee Soc. Security Wage Totals:	\$999,999.00
Employee Soc. Security Tip Totals:	\$999,999.00
Employee Medicare Wage/Tip Totals:	\$999,999.00

CHECK AND COMPLETE

Check and complete any items that apply to your wage report for the tax year shown above. If you send a wage report that shows a different total from the amount shown above, please explain why in number 6.

1. I did not file Forms W-2 with SSA. I am now taking the following action (check one):

- Enclosing the original Copy A of paper Forms W-2 and W-3, or
- Sending SSA an electronic file.

Caution: You must identify this as a reconciliation file when you submit it! Enclose the electronic receipt showing the Wage File ID (WFID) as proof of filing.

2. I filed Forms W-2 under the EIN for the TY shown above. I am now taking the following action for the wages I previously reported (check one):

- Enclosing legible copies of paper Forms W-2 and W-3, or
- Sending SSA an electronic file.

Caution: You must identify this as a reconciliation file when you submit it! Enclose the electronic receipt showing the Wage File ID (WFID) as proof of filing.

3. I filed Forms W-2 under EIN _____, rather than the EIN shown above. Attach legible copies if on paper. Enter the Wage File ID (WFID) if electronic (or other proof of filing if a third-party, such as a payroll service e-filed for you).

4. I filed but cannot locate my copies of Forms W-2 and W-3. I am now taking the following action (check one):

Enclosing duplicate copies of paper Forms W-2 and W-3, or

Sending SSA an electronic file.

Caution: You must identify this as a reconciliation file when you submit it! Enclose the electronic receipt showing the Wage ID (WFID) as proof of filing.

5. I was not required to file Forms W-2 with SSA, as I was self-employed. (Attach a legible copy of Form 1099 or 1040 with a Schedule SE or Schedule C that shows SE tax.)

6. Other _____

Your Name and Title

Daytime Phone, with area code

INFORMATION ABOUT THE DATA YOU SEND SSA

The name, Social Security number, and wage amounts on the Forms W-2 must be readable and complete. If we cannot read all information on the documents you submit, or if any of these items are missing, we cannot add the wages to the employee's wage record. If you need blank copies of the Forms W-2 or W-3, call the IRS at 1-800-829-3676. If your copies of the Forms W-2 are illegible, please prepare duplicates on blank copies of the Forms W-2. Make sure the Forms W-2 show the correct year for the wages you report.

Note: If you send 250 or more wage items to us, you must file your wage reports electronically in accordance with Publication 42-007: Specifications for Filing Forms W-2 Electronically (EFW2). For more information, please go to our website at www.socialsecurity.gov/ employer or call SSA's Employer Reporting Branch at 1-800-772-6270 from 7:00 A.M. to 7:00 P.M., Eastern time, Monday through Friday.

RETURN THIS QUESTIONNAIRE

Please send all requested information to:

**Social Security Administration
P.O. Box 33021
Baltimore, Maryland 21290-3021**

Do not send cash, checks, or money orders to SSA. Tax payments are payable to the Internal Revenue Service.

PRIVACY/PAPERWORK ACT NOTICE

Missing and Discrepant Wage Reports and Letter Questionnaire
Privacy Act Statement
Collection and Use of Personal Information

Section 205(c)(2)(A) of the Social Security Act, as amended (42 U.S.C. 405(c)(2)(A)), authorizes us to collect this information. We will use the information you provide to help us to properly credit the earnings records for your employees. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information will result in referral of your case to the Internal Revenue Service.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of 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 for Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the 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 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 agencies 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 Notices entitled Earnings Recording and Self-Employment Income System, 60-0059. The notice, additional information regarding this form, and information regarding our system and programs, are 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 30 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**