# Report of Contact

## Use Ink or Typewriter

### Account Number and Symbol

<table>
<thead>
<tr>
<th>TO:</th>
<th>NE</th>
<th>MAT</th>
<th>SE</th>
<th>GL</th>
<th>WN</th>
<th>MAM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ODO</td>
<td>OIO</td>
<td>DDS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Person(s) Contacted and Addresses**
- [ ] WE or SE Person
- [ ] Other (Specify)

**Name of Inquirer:**
**Daytime Telephone Number:**

**Contact Made:**
- [ ] Do
- [ ] Bo
- [ ] Cs
- [ ] Home
- [ ] Phone:
- [ ] Other

**Date of Contact**

### Subject

SSA-1099/SSA-1042S Inquiry

**Tax liable (Circle One):**
- [ ] Yes
- [ ] No

**Request Number (Circle One):**
- [ ] 1st
- [ ] 2nd

### Payment Details

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD benefits paid</td>
</tr>
<tr>
<td>ES supplemental medical insurance</td>
</tr>
<tr>
<td>WC workers compensation offset</td>
</tr>
<tr>
<td>AF attorney fees</td>
</tr>
<tr>
<td>OP overpayment recovery by withholding</td>
</tr>
<tr>
<td>DR direct remittance</td>
</tr>
<tr>
<td>RC returned check</td>
</tr>
<tr>
<td>S4 payment made for earlier years</td>
</tr>
<tr>
<td>VT voluntary tax withheld</td>
</tr>
</tbody>
</table>

**Description of Inquiry**

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**Signature**

**District Office (Name, Address & Code)**

- [ ] CR
- [ ] FR
- [ ] SR
- [ ] Other (Specify)
- [ ] Claims Clerical

**Date of Report**

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Form SSA-5002 (8-1981) ef (12-2004)