

REPORT OF CONTACT

(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

| | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| TO: | NE | MAT | SE | GL | WN | MAM |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | ODO | OIO | DDS | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

NAME OF WAGE EARNER OR SE PERSON

PERSON(S) CONTACTED AND ADDRESSES WE OR SE PERSON OTHER (Specify)

Name of Inquirer:
Daytime telephone number: ()

| | |
|---|-----------------|
| CONTACT MADE: <input type="checkbox"/> DO <input type="checkbox"/> BO <input type="checkbox"/> CS <input type="checkbox"/> HOME <input type="checkbox"/> PHONE: <input type="checkbox"/> OTHER | DATE OF CONTACT |
|---|-----------------|

SUBJECT SSA-1099/SSA-1042S Inquiry

Tax liable (Circle One): YES NO

Request number (Circle One): 1st 2nd

| | |
|--|--|
| PD benefits paid | FP facility of payment (203(i)) |
| ES supplemental medical insurance | SI supplemental security income |
| WC workers compensation offset | LS lump-sum death payment |
| AF attorney fees | PY nontaxable benefits from prior year |
| OP overpayment recovery by withholding | TX alien tax withheld (1042S only) |
| DR direct remittance | TR alien tax refund (1042S only) |
| RC returned check | TE alien tax withheld at wrong rate (1042S only) |
| S4 payment made for earlier years | MS miscellaneous |
| VT voluntary tax withheld | |

Description of inquiry

SIGNATURE

DISTRICT OFFICE (Name, Address & Code)

| | | | |
|--|-----------------------------|-----------------------------|--|
| <input type="checkbox"/> CR | <input type="checkbox"/> FR | <input type="checkbox"/> SR | <input type="checkbox"/> CLAIMS CLERICAL |
| <input type="checkbox"/> OTHER (Specify) | | | |

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|----------------|
| DATE OF REPORT |
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