

Refer to:	DATE
	PERSON TO CONTACT
	TELEPHONE NUMBER
	RETURN ADDRESS (SSA OFFICE)
NAME OF WORKER	SOCIAL SECURITY NUMBER

ADDITIONAL IDENTIFYING INFORMATION (*To be completed by Social Security Administration when applicable*)

### INSTRUCTIONS ON COMPLETION OF FORM SSA-7011-F4

Please type the requested information or write legibly in ink.

If records from which you could obtain this information are not available, please explain in item 8.

Item 1: (a) Please show the value of all remuneration subject to Social Security tax exclusive of tips before any withholdings whether paid in cash or in kind. This includes cash wages paid to domestic employees for services performed in a private home or for work not in the course of employer's trade or business. If no wages were paid in the period(s), write "None"; if you know that at least a certain amount was paid but you do not know the exact amount, write "Not less than \$ \_\_\_\_\_" and show the amount.

Item 2: (b) GOVERNMENT EMPLOYERS ONLY - Please check the proper box showing types of wages.

Please enter the amount of tips included in written reports to you by the employee during the year, whether or not the employee Social Security tax was withheld. CAUTION - Tip amount(s) shown should not be included in the amount(s) shown in item 1.

Item 5: If more than one year is involved, please list the information in item 8.

Item 6: Instructions on completion of item 1 apply also to this item.

Item 7: Instructions on completion of item 2 apply also to this item.

Enclosures

**STATEMENT OF EMPLOYER**

NAME OF WORKER	SOCIAL SECURITY NUMBER
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**1. (a) Social Security (FICA) Wages Paid**

Year	Amount	Year	Amount	
	\$		\$	Wages paid before 1978, State and local wages paid before 1981, and wages for domestic employment <input type="checkbox"/> Please see item 6
	\$		\$	
	\$		\$	

**(b) GOVERNMENT EMPLOYERS ONLY** Regular Social Security Wages Medicare Qualified Government Employment**2. Cash Tips Reported**

Year	Amount	Year	Amount	
	\$		\$	Cash tips reported before 1978 <input type="checkbox"/> Please see item 7
	\$		\$	
	\$		\$	

3. Did you file employment tax return forms 941 or 942 with the Internal Revenue Service for each period shown in items 1 and 2 above?  Yes  No

If "Yes," please go to item 4. If "No," please identify the period(s) for which you did not file a tax return, and explain why you did not.

4. Did you submit wage report Forms W-2 and W-3, or equivalent electronic reports, to the Social Security Administration for each period shown in items 1 and 2 above?  Yes  No

If "Yes," please go to item 5. If "No," please identify the period(s) for which you did not file a wage report, and explain why you did not. Also, omit items 5-7.

5. For report(s) which you did file with the Social Security Administration, were the wages and/or tip amounts listed on this form the same as shown on your report?  Yes  No

(a) If "Yes," please provide the following information and omit items 6 and 7.

DATE FILED	EMPLOYER NAME SHOWN ON REPORT	EIN SHOWN ON REPORT
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(b) If "No," please show the amount of wages and/or tips reports, and explain why these amounts differ from the amounts shown in item 1 and/or 2 of this form.

If no wages and/or tips were reported, please show "None" and explain why they were not reported. Also omit items 6 and 7.

## 6. Social Security (FICA) Wages Before 1978, State and Local wages Before 1981, and Wages for Domestic Employment.

Period	Year 19 ____	Year 19 ____
January 1 - March 31, inclusive	<input type="checkbox"/> \$	<input type="checkbox"/> \$
April 1 - June 30, inclusive	<input type="checkbox"/> \$	<input type="checkbox"/> \$
July 1 - September 30, inclusive	<input type="checkbox"/> \$	<input type="checkbox"/> \$
October 1 - December 31, inclusive	<input type="checkbox"/> \$	<input type="checkbox"/> \$

## 7. Cash Tips Reported Before 1978

Period	Year 19 ____	Year 19 ____
January 1 - March 31, inclusive	<input type="checkbox"/> \$	<input type="checkbox"/> \$
April 1 - June 30, inclusive	<input type="checkbox"/> \$	<input type="checkbox"/> \$
July 1 - September 30, inclusive	<input type="checkbox"/> \$	<input type="checkbox"/> \$
October 1 - December 31, inclusive	<input type="checkbox"/> \$	<input type="checkbox"/> \$

## 8. Remarks (Please use this space and/or plain sheets of paper for additional explanation.)

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.

9. EMPLOYEE'S OCCUPATION (file clerk, traveling or city salesperson, maid, plumber, attorney, etc.)			14. NATURE OF BUSINESS (radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.)	
10. BUSINESS NAME OF EMPLOYER			15. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM	
11. EMPLOYER'S FEDERAL IDENTIFICATION NUMBER			16. PRINTED NAME AND TITLE OF PERSON SIGNING ABOVE	
12. STREET ADDRESS OF EMPLOYER			17. TELEPHONE NO. OF INDIVIDUAL COMPLETING FORM	18. DATE THIS STATEMENT FILLED OUT
13. CITY	STATE	ZIP CODE		

## Privacy Act Statement Collection and Use of Personal Information

Section 205(c)(2)(A) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from verifying wage allegations made by wage earners.

We will use the information to resolve discrepancies in an individual's Social Security earnings record, and to process claims for Social Security benefits. We may also share your information for the following purposes, called routine uses:

- To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes; and
- To the Department of State for administering the Social Security Act in foreign countries through services and facilities of that agency.

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 our SORNs, is available on our website at [www.ssa.gov/privacy](http://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 (OMB) 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 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.***