**Social Security Administration**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Local SSA Office Address: Street, City, State, Zip Code)**

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Re: Reporting Wages**

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_. I live at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my phone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*My Representative Payee (***if applicable***) is \_\_\_\_\_\_\_\_\_\_\_. Their address is \_\_\_\_\_\_\_\_\_\_. Their phone number is: \_\_\_\_\_\_\_\_\_\_. Additional comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My Social Security Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I currently receive \_\_\_\_\_\_\_\_\_\_. Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am currently working at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Their phone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My supervisor is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I require the following supports, totaling \_\_\_\_\_\_\_\_ in order to earn income:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please see attached document titled Impairment Related Work Expenses for more detailed information. Please deduct the IRWEs and other work supports/expenses listed when you consider the work activity that I am reporting.

\*Please note that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I regularly attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and may be eligible for the Student Earned Income Exclusion. Additional comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

During the month of \_\_\_\_\_\_\_\_\_\_, my total gross wages earned were \_\_\_\_\_\_\_\_. Attached are the paystub receipts dated \_\_\_\_\_\_\_\_. Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please note that the following was included in my gross wages, but should not be counted towards my countable income because they do not represent my work effort/productivity (if none noted, does not apply):

* Sick Day & Vacation Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Bonus & Incentive Pay Unrelated to Personal Productivity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please post the earnings received each month. Please do not estimate wages over a period of time. The money received from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ plus earned income received each month are crucial to the support of food, shelter and utilities. Please return a receipt of submission to my address listed above.

Attached, you may find paystubs and documentation of Work Supports (i.e. IRWEs);

If there are any questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_ through the contact information provided above.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_