REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1.	From whose record do you need the earnings information?		
	Print	the Name, Social Security Number (SSN), and da	ate of birth below.
Name			Social Security Number
	Other Name(s) Used (Include Maiden Name)		Date of Birth
2.	What	t kind of information do you need?	
		Detailed Earnings Information (If you check this block, tell us below why you need this information.)	For the period(s)/year(s):
		Certified Total Earnings For Each Year. (Check this box only if you want the informatio certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Earnings and Benefit Estimate Statement)	
3.	If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3		
	Do you want us to certify the information?		
	If yes, enter \$15.00 · · · · · · · · · · · · · · · · · ·		
	ADD the amounts on lines A and B, and enter the TOTAL amount		
		You can pay by CREDIT CARD by oSend your CHECK or MONEY ORDI	completing and returning the form on page 4, or ER for the amount on line C with the request yble to "Social Security Administration"
4.	I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.		
	SIGN	your name here (Do not print) >	Date
	Daytime Phone Number (Area Code) (Telephone Number)		
5.	Tell us where you want the information sent. (Please print)		
	Name	e <i>A</i>	Address
	City, State & Zip Code		
6.	Mail	Completed Form(s) To: Exception: If	using private contractor (e.g., FedEx) to mail form(s), use:
	Divis P.O.	ion of Earnings Record Operations Di Box 33003 30	ocial Security Administration ivision of Earnings Record Operations 00 N. Greene St. altimore Maryland 21290-0300