FACSIMILE: EIDN - NUMBER HOLDER IDENTIFICATION

```
EMS                    NUMBER HOLDER IDENTIFICATION      SS/SS/SS       EIDN
                                    [1-D]       [2-C]          [3-M]
NH SSN  SSS-SS-SSSS                 OFFICE SSS  COMPONENT: PP  UNIT: XXXXXX
[4-M]                                          [5-O]
NH NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX    DATE OF BIRTH: 99999999
                                               [6-O]
                                               DATE OF DEATH: 99999999
[7-M]
CLAIMS STATUS: 9   1. CLAIM   2. PRECLAIM   3. POSTADJUDICATIVE
[8-C]
NH ADDR: XXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXX
         XXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXX
   [9-C]                         [10-C]    [11-C]
   CITY: XXXXXXXXXXXXXXXXXXXXXX  STATE: XX ZIP: 99999 9999
[12-O]                           [13-O]
COUNTRY: XXXXXXXXXXXXXXXXXXXXXX  FOREIGN POSTAL CODE: XXXXXXXXXXXXXXX
  [14-O]                         [15-O]
  PHONE: 999 999 9999            INFO: XXXXXXXXXXXXXXXXXXXXXXXX
[16-M]                  [17-O]
SPANISH NOTICE(Y/N): X  OTHER LANGUAGE : XXXXXXXXXXXX
[18-M]                  [19-M]
THIRD PARTY   (Y/N): X  SENSITIVE (Y/N): X
[20-O]
NH AKA NAMES:
          XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX  XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
          XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX  XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
[21-O]
NH OTHER SSN'S: 999999999  999999999  999999999  999999999  999999999
-------------------------ERROR MESSAGES-----------------------
-------------------------SYSTEM MESSAGES----------------------
```

FACSIMILE: EEMP - EMPLOYER DEVELOPMENT

```
EMS                    EMPLOYER DEVELOPMENT                SS/SS/SS       EEMP
  NH NAME SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS     NH SSN SSS-SS-SSSS
  [1-D]                  [2-C]
  EIN SS-SSSSSSS         IF EIN UNKNOWN, ENTER: 9
                            1. DEVELOPMENT UNDER WAY TO DETERMINE EIN
                            2. ER HAS NO EIN, TEMPORARY EIN REQUIRED
        [3-C]
        ALLEGATION YEARS FROM: 99  TO: 99  FROM: 99  TO: 99
             [4-C]
             ALLEGATION YEARS: 99  99  99  99  99  99  99
   [5-M]                                   [6-M]
   BUSINESS CURRENTLY OPERATING (Y/N/U): X  PERMISSION TO CONTACT ER (Y/N): X
          [7-C]
          EIN: 999999999
      [8-M]
      ER NAME: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
               PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
               PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
               PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
         [9-M]
         ADDR: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
         [10-M]                       [11-C]    [12-C]
         CITY: PPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP PPPP
      [13-C]                          [14-C]
      COUNTRY: XXXXXXXXXXXXXXXXXXXXXX FOREIGN POSTAL CODE: XXXXXXXXXXXXXX
[15-O]                                          [16-O]
CONTACT NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX PHONE: 999 999 9999 EXT: 9999
         [17-O]
         INFO: XXXXXXXXXXXXXXXXXXXXXXXX
```

FACSIMILE: EDEV - EARNINGS DEVELOPMENT

```
EMS                    EARNINGS DEVELOPMENT                    SS/SS/SS       EDEV
 NH NAME SSSSSSSSSS S SSSSSSSSSSSSSSSSSS                        NH SSN SSS-SS-SSSS
                                                                [1-D]
                                                                SENSITIVE

 FUNCTIONS
    1. UPDATE EMPLOYMENT DATA    3. WORKSHEET REMARKS
    2. DEVELOPMENT WORKSHEET     4. REPORT OF CONTACT
   [2-D]                                  [3-D]          [4-M]
   NAME                                   CONTROL ITEMS  SELECT FUNCTION
   ALL                                                     9  9  9  9
   SSSSSSSSSS S SSSSSSSSSSSSSSSSSS        NH/3RD PARTY     9  9  9  9
   SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SE EARNINGS      9  9  9  9
   SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SS-SSSSSSS       9  9  9  9
   SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SS-SSSSSSS       9  9  9  9
   SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SS-SSSSSSS       9  9  9  9
   SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SS-SSSSSSS       9  9  9  9
   SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SS-SSSSSSS       9  9  9  9
   SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SS-SSSSSSS       9  9  9  9
                                                          PAGE SS OF SS
```

FACSIMILE: EDVS - EARNINGS DEVELOPMENT SELECTION

```
EMS              EARNINGS DEVELOPMENT SELECTION              SS/SS/SS       EDVS
NH NAME SSSSSSSSSS S SSSSSSSSSSSSSSSSSS                      NH SSN SSS-SS-SSSS
                                                             [1-D]
                                                             SENSITIVE

 [2-M]
 SELECT FUNCTION: 9
    1. ESTABLISH EMPLOYER DATA
    2. ESTABLISH SELF EMPLOYMENT DATA
    3. DEVELOP EARNINGS
 [3-O]
 IF 1, ENTER EIN (IF KNOWN): 999999999
       [4-C]
       IF IRD IS 69, ENTER PAYROLL RECORD UNIT: 999
```

FACSIMILE: EPAD - PROCESS EARNINGS ADJUSTMENT

```
EMS                    PROCESS EARNINGS ADJUSTMENTS          SS/SS/SS       EPAD
NH NAME  SSSSSSSSSS  S  SSSSSSSSSSSSSSSSSS                  NH SSN  SSS-SS-SSSS
[1-M]
SELECT DESIRED FUNCTION:  9
   1.  ADD WAGE EARNINGS
   2.  ADD SELF EMPLOYMENT EARNINGS
   3.  MODIFY POSTED WAGE AND SE EARNINGS
          [2-O]
          PERIOD RANGE:  99 TO 99
          [3-O]
          SELECT PERIODS:  9999 9999 9999 9999 9999
          [4-O]            [5-O]       [6-O]
          EIN:  999999999  LOAC:  XXXX ECN:  XXXXXXXXXXX
   4.  COLLECT RATIONALE


   5.  COLLECT SE/SSN ER IDENTIFYING DATA
   6.  REVIEW DETERMINATION DATA
   7.  REVIEW PENDING EMOD DETAILS
 [7-D]
 SRDBAR REJECT(S) PENDING: S, S, S, S, S, S, S  F1 TO VIEW SRDBAR HELP
 SCREEN

                                SYSTEM MESSAGES
```