*Use This Form If You Need

1. Certified/Non-Certified Detailed Earnings Information

Includes periods of employment or self-employment and the names and addresses of employers.

OR

2. Certified Yearly Totals of Earnings

Includes total earnings for each year but does not include the names and addresses of employers.

DO NOT USE THIS FORM TO REQUEST YEARLY EARNINGS TOTALS

Yearly earnings totals are FREE to the public if you do not require certification.

To obtain FREE yearly totals of earnings, visit our website at www.ssa.gov/myaccount.

Privacy Act Statement Collection and Use of Personal Information

Section 205 of the Social Security Act, as amended, authorizes us to collect the information on this form. We will use the information you provide to identify your records and send the earnings information you request. Completion of this form is voluntary; however, failure to do so may prevent your request from being processed.

We rarely use the information in your earnings record for any purpose other than for determining your entitlement to Social Security benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

A complete list of routine uses for earnings information is available in our Systems of Records Notices entitled, the Earnings Recording and Self-Employment Income System (60-0059), the Master Beneficiary Record (60-0090), and the SSA-Initiated Personal Earnings and Benefit Estimate Statement (60-0224).

In addition, you may choose to pay for the earnings information you requested with a credit card.

31 C.F.R. Part 206 specifically authorizes us to collect credit card information. The information you provide about your credit card is voluntary. Providing payment information is only necessary if you are making payment by credit card. You do not need to fill out the credit card information if you choose another means of payment (for example, by check or money order). If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and the Social Security Administration's (SSA) account.

Routine uses applicable to credit card information, include but are not limited to:

(1) to enable a third party or an agency to assist Social Security to effect a salary or an administrative offset or to an agent of SSA that is a consumer reporting agency for preparation of a commercial credit report in accordance with 31 U.S.C. §§ 3711, 3717 and 3718; and (2) to a consumer reporting agency or debt collection agent to aid in the collection of outstanding debts to the Federal Government.

A complete list of routine uses for credit card information is available in our System of Records Notice entitled, the Financial Transactions of SSA Accounting and Finance Offices (60-0231). The notice, additional information regarding this form, routine uses of information, and our programs and systems is available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 11 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

 Provide your name as it appears on your most recent Social earnings you are requesting. 	al Security card	or the nam	ne of	the indi	vidual	whose	
First Name:					М	iddle Initial:	
Last Name:							
Social Security Number (SSN)	One SS	N per requ	est				
Date of Birth: / / Da	ate of Death:	1		1			
Other Name(s) Used (Include Maiden Name)							
2. What kind of earnings information do you need? (Choose ONE	of the following ty	pes of earnir	ngs or	SSA mu	st retur	n this request.)	
☐ Itemized Statement of Earnings \$115	Year(s) Requested:			t	o	
(Includes the names and addresses of employers)	Year(s) Requested:		te	2			
If you check this box, tell us why you need this information below.	rear(s) Requested.			ι	J		
		Check this box if you want the earnings information CERTIFIED for an additional \$33.00 fee.					
Certified Yearly Totals of Earnings \$33	Year(s) Requested:			te	0	
(Does not include the names and addresses of employers) Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of earnings, visit our website at www.ssa.gov/myaccount .	·) Requested:			t	o	
3. If you would like this information sent to someone else, p	olease fill in the	information	n bel	ow.			
I authorize the Social Security Administration to release th	e earnings infor	mation to:					
Name							
Address					5	State	
City				ZIP Cod	de		
4. I am the individual to whom the record pertains (or a perso understand that any false representation to knowingly and punishable by a fine of not more than \$5,000 or one year in	willfully obtain i	•				,	
Signature AND Printed Name of Individual or Legal Gu	ardian	SSA must rece	ive this	form withir	120 da	ys from the date signed	
		Date:		1	/		
Relationship (if applicable, you must attach proof)		Daytime Ph	one:				
Address					5	State	
ZIP Code			Code				
Witnesses must sign this form ONLY if the above signature is by makenow the signee must sign below and provide their full addresses. Filine above.							
1. Signature of Witness	2. Signature of Witness						
Address (Number and Street, City, State and ZIP Code)	Address (Number a	nd Street, City,	State	and ZIP Co	ode)		

INFORMATION ABOUT YOUR REQUEST

You may use this form to request earnings information for only ONE Social Security Number (SSN)

How do I get my earnings statement?

You must complete the attached form. Tell us the specific years of earnings you want, type of earnings record, and provide your mailing address. The itemized statement of earnings will be mailed to ONE address, therefore, if you want the statement sent to someone other than yourself, provide their address in section 3. Mail the completed form to SSA within 120 days of signature. If you sign with an "X", your mark must be witnessed by two impartial persons who must provide their name and address in the spaces provided. Select **ONE** type of earnings statement and include the appropriate fee.

Certified/Non-Certified Itemized Statement of Earnings This statement includes years of self-employment or employment and the names and addresses of employers.

2. Certified Yearly Totals of Earnings

This statement includes the total earnings for each year requested but *does not* include the names and addresses of employers.

If you require one of each type of earnings statement, you must complete two separate forms. Mail each form to SSA with one form of payment attached to each request.

How do I get someone else's earnings statement?

You may get someone else's earnings information if you meet one of the following criteria, attach the necessary documents to show your entitlement to the earnings information and include the appropriate fee.

1. Someone Else's Earnings

The natural or adoptive parent or legal guardian of a minor child, or the legal guardian of a legally declared incompetent individual, may obtain earnings information if acting in the best interest of the minor child or incompetent individual. You must include proof of your relationship to the individual with your request. The proof may include a birth certificate, court order, adoption decree, or other legally binding document.

2. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are:

- The legal representative of the estate;
- A survivor (that is, the spouse, parent, child, divorced spouse of divorced parent); or
- An individual with a material interest (e.g., financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

You must include proof of death and proof of your relationship to the deceased with your request.

Is There A Fee For Earnings Information?

Yes. We charge a \$115 fee for providing information for purposes unrelated to the administration of our programs.

1. Certified or Non-Certified Itemized Statement of Earnings

In most instances, individuals request Itemized Statements of Earnings for purposes unrelated to our programs such as a private pension plan or personal injury suit. Bulk submitters may email OCO.pension.fund@ssa.gov for an alternate method of obtaining itemized earnings information.

We will **certify** the itemized earnings information for an additional \$33.00 fee. Certification is usually not necessary unless you are specifically requested to obtain a certified earnings record.

Sometimes, there is no charge for itemized earnings information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us and it does not agree with your records), we will supply you with more detail for the year(s) in question. Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

2. Certified Yearly Totals of Earnings

We charge \$33 to certify yearly totals of earnings. However, if you do not want or need certification, you may obtain yearly totals <u>FREE</u> of charge at <u>www.ssa.gov/myaccount</u>. Certification is usually not necessary unless you are advised specifically to obtain a certified earnings record.

Method of Payment This Fee Is Not Refundable. DO NOT SEND CASH.

You may pay by credit card, check or money order.

- Credit Card Instructions
 Complete the credit card section on page 4 and return it with your request form.
- Check or Money Order Instructions
 Enclose one check or money order per request form payable to the Social Security Administration and write the Social Security number in the memo.

How long will it take SSA to process my request?

Please allow SSA 120 days to process this request. After 120 days, you may contact 1-800-772-1213 to leave an inquiry regarding your request.

· Where do I send my complete request? Mail the completed form, supporting documentation, If using private contractor such as FedEx mail form, and applicable fee to: supporting documentation and applicable fee to: **Social Security Administration Social Security Administration** Division of Earnings and Business Services Division of Earnings and Business Services P.O. Box 33011 6100 Wabash Ave. Baltimore, Maryland 21290-3003 Baltimore, Maryland 21215 · How much do I have to pay for an Itemized Statement of Earnings? Non-Certified Itemized Statement of Earnings **Certified** Itemized Statement of Earnings \$115.00 \$148.00

 How much do I have to pay for Certified Yearly Totals of Earnings? Certified yearly totals of earnings cost \$33.00. You may obtain non-certified yearly totals *FREE* of charge at

www.ssa.gov/myaccount. Certification is usually not necessary unless you are specifically asked to obtain a certified earnings record.

YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

	payment by credit card. However, regular credit card rules will r. Make check payable to Social Security Administration.					
CHECK ONE	☐ Visa ☐ American Express					
	☐ MasterCard ☐ Discover					
Credit Card Holder's Name (Enter the name from the credit card)						
	First Name, Middle Initial, Last Name					
Credit Card Holder's Address	Number & Street					
	City, State, & ZIP Code					
Daytime Telephone Number	(Area Code					
Credit Card Number						
Credit Card Expiration Date	(MM/YY)					
Amount Charged See above to select the correct fee for your request. Applicable fees are \$33, \$115, or \$148 SSA will return forms without the appropriate fee.	\$					
Credit Card Holder's Signature						
	Authorization					
DO NOT WRITE IN THIS SPACE OFFICE USE ONLY	Name Date					
	Remittance Control #					