

REQUEST FOR SOCIAL SECURITY EARNING INFORMATION


1. Provide your name as it appears on your most recent Social Security card or the name of the individual whose earnings you are requesting.

First Name: Middle Initial:

Last Name:

Social Security Number (SSN) - - One SSN per request

Date of Birth: / / Date of Death: /

 This object may not work properly.
Limit to visible area is ignored on fields set to expand to fit.

Other Name(s) Used (Maiden Name)

2. What kind of earnings information do you need? (Choose **ONE** of the following types of earnings or SSA must return this request.)

Itemized Statement of Earnings \$91.00 Year(s) Requested: to



September 2016							
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
36					1	2	3
37	4	5	6	7	8	9	10
38	11	12	13	14	15	16	17
39	18	19	20	21	22	23	24
40	25	26	27	28	29	30	