## REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION 1. From whose record do you need the earnings information? Print the Name, Social Security Number (SSN), and date of birth below. Social Security Name Number Other Name(s) Used Date of Birth (Include Maiden Name) (Mo/Day/Yr) 2. What kind of information do you need? Detailed Earnings Information For the period(s)/year(s): (If you check this block, tell us below why you need this information.) Certified Total Earnings For Each Year. For the year(s): (Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7DD4, Request for Earnings and Benefit Estimate Statement) 3. If you owe us a fee for this detailed earnings information, enter the amount due Do you want us to certify the information? ☐ Yes [] No ADD the amounts on lines A and B, and You can pay by CREDIT CARD by completing and returning the form on page 4, or Send your CHECK or MDNEY ORDER for the amount on line C with the request and make check or money order payble to "Social Security Administration" DO NOT SEND CASH. 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) > \_ Daytime Phone Number (Area Code) (Telephone Number) 5. Tell us where you want the information sent. (Please print) City, State & Zip Code \_ 6. Mail Completed Form(s) To: Exception: If using private contractor (e.g., FedEx) to mail form(s), use: Social Security Administration Social Security Administration Division of Earnings Record Operations Division of Earnings Record Operations P.O. Box 33003 300 N. Greene St. Baltimore Maryland 21290-3003 Baltimore Maryland 21290-0300 Form SSA-7050-F4 (7-2001) EF (7-2001)