

Request for Social Security Statement

Please check this box if you want to get your *Statement* in Spanish instead of English.

Please print or type your answers. When you have completed the form, fold it and mail it to us. (If you prefer to send your request using the Internet, contact us at www.socialsecurity.gov)

For items 6 and 8 show only earnings covered by Social Security. Do NOT include wages from state, local or federal government employment that are NOT covered for Social Security or that are covered ONLY by Medicare.

9. Do you want us to send the *Statement*:

- To you? Enter your name and mailing address.
- To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

1. Name shown on your Social Security card:

First Name _____ Middle Initial _____
Last Name Only _____

A. Last year's actual earnings: (*Dollars Only*)
\$, .

B. This year's estimated earnings: (*Dollars Only*)
\$, .

2. Your Social Security number as shown on your card:
 - -

7. Show the age at which you plan to stop working.
 (*Show only one age*)

3. Your date of birth (Mo.-Day-Yr.)
 - -

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

4. Other Social Security numbers you have used:
 - -
 - -

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work, or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

5. Your Sex: Male Female

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

Future average yearly earnings: (*Dollars Only*)
\$, .

"C/O" or Street Address (Include Apt. No., P.O. Box, Rural Route)

Street Address

Street Address (If Foreign Address, enter City, Province, Postal Code)

U.S. City, State, Zip code (If Foreign Address, enter Name of Country only)

NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I authorize you to use a contractor to send the *Social Security Statement* to the person and address in item 9.

Please sign your name (Do Not Print)

Date _____ (Area Code) Daytime Telephone No. _____

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After you complete and return this form, within 4 to 6 weeks we will send you:

- a record of your earnings history and an estimate of how much you have paid in Social Security taxes, and
- estimates of benefits you (and your family) may be eligible for now and in the future.

We're pleased to furnish you with this information and we hope you'll find it useful in planning your financial future.

Social Security is more than just a program for retired people. It helps people of all ages in many ways. Whether you're young or old, male or female, single or married, Social Security can help you when you need it most. It can help support your family in the event of your death and pay you benefits if you become severely disabled.

If you have questions about Social Security or this form, please call our toll-free number, **1-800-772-1213**.



About The Privacy Act

Social Security is allowed to collect the facts on this form under section 205 of the Social Security Act. We need them to quickly identify your record and prepare the *Statement* you asked us for. Giving us these facts is voluntary. However, without them we may not be able to give you a *Statement*. Neither the Social Security Administration nor its contractor will use the information for any other purpose.

Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. 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 5 minutes to read the instructions, gather the facts, and answer the questions.

You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

Mail the completed form to:

Social Security Administration
Wilkes Barre Data Operations Center
P.O. Box 7004
Wilkes Barre, PA 18767-7004