

## 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:

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 \$100.00**  
(Includes the names and addresses of employers)  
If you check this box, tell us why you need this information below.

Year(s) Requested:     to

Year(s) Requested:     to

Check this box if you want the earnings information **CERTIFIED** for an additional \$44.00 fee.

**Certified Yearly Totals of Earnings \$44.00**  
(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](http://www.ssa.gov/myaccount).

Year(s) Requested:     to

Year(s) Requested:     to

3. If you would like this information **sent to someone else**, please fill in the information below.

I authorize the Social Security Administration to release the earnings information to:

Name RECORDS DEPOSITION SERVICE, INC. P: 248.357.3330 E: REQUESTS@RECDEP.COM

Address PO BOX 5054 State MI

City SOUTHFIELD ZIP Code 48086-5054

4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). 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.

**Signature AND Printed Name of Individual or Legal Guardian**

SSA must receive this form within 120 days from the date signed

Date

Relationship (if applicable, you must attach proof)

Daytime Phone:

Address State

City ZIP Code

Witnesses must sign this form **ONLY** if the above signature is by marked (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)