

**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.

Name \_\_\_\_\_ Social Security 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-7004, Request for Earnings and Benefit Estimate Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 . . . . . A. \$ \_\_\_\_\_

Do you want us to certify the information?  Yes  No  
If yes, enter \$15.00 . . . . . B. \$ \_\_\_\_\_

ADD the amounts on lines A and B, and enter the TOTAL amount . . . . . C. \$ \_\_\_\_\_

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
- Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable 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) > \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_  
(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name Henjum Goucher Reporting Service, L.P. Address 2501 Oak Lawn Ave., Suite 435  
City, State & Zip Code Dallas, Texas 75219

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