

REQUEST FOR SOCIAL SECURITY EARNINGS 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
(Include 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 \$136
(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

All purposes allowed by law,
currently in active civil litigation.

Check this box if you want the earnings information **CERTIFIED** for an additional \$56.00 fee.

Certified Yearly Totals of Earnings \$56
(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.

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 C D Services, Inc.

Address 24027 Research Drive State MI

City Farmington Hills ZIP Code 48335

4. I am the individual to whom the record pertains (or a person 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.

Signature AND Printed Name of Individual or Legal Guardian	SSA must receive this form within 120 days from the date signed Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship (if applicable, you must attach proof)	Daytime Phone: <input type="text"/>
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)