Request for *Social Security Statement*

Within four to six weeks after you return this form, we will send you:

- a record of your earning history;
- 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.

NOTE: You can receive an immediate Social Security Statement online by using a free my Social Security account. Log in or sign up today at www.socialsecurity.gov/myaccount.

Please note: If you have received periodic *Social Security Statements* in the mail, this request may stop your next scheduled mailing.

We hope you will find the *Statement* useful in planning your financial future. Remember, Social Security is more than a program for retired people. Social Security is with you throughout life's journey. For example, it can help support your family when you die 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 (TTY 1-800-325-0778)**

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

Please print or type your answers. The form should be printed double-sided. When you have completed the form, mail it to:

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

1. Name shown on your Social Security card:

First Name: Middle Initial:

Last Name only:

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

3. Your date of birth / /

4. Other Social Security numbers you have used:

- -

- -

For items 5 and 7, show only earnings covered by Social Security. Do NOT include wages from state, local, or federal government employment that are NOT covered by Social Security or that are covered ONLY by Medicare.

5. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: $. 0 0 *(Dollars Only)*

B. This year's estimated earnings: $. 0 0 *(Dollars Only)*

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

7. 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.

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.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 5B).

Future average yearly earnings: $. 0 0 *(Dollars Only)*

8. 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.

"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 8.

Please sign your name (Do Not Print)

(Area Code) Daytime Telephone Number

Date

Privacy Act Statement
Collection and Use of Personal Information

Sections 205 and 1143 of the Social Security Act, as amended, allow us to collect this information, which we will use to accurately identify your Social Security earnings record, extract the recorded earnings history, and to produce the requested statement. Providing the information is voluntary but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0059, 60-0090, and 60-0224, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

Paperwork Reduction Act Statement

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 (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:*** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*