
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:

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3. Your date of birth

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4. Other Social Security numbers you have used:

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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. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent the issuance of a Social Security statement.

We will use the information to accurately identify your Social Security earnings record, extract the recorded earnings history, and to produce the requested statement. We may also share your information for the following purposes, called routine uses:

1. To Federal, State, or local agencies (or agents on their behalf) for the purpose of validating Social Security numbers used in administering cash or non-cash income maintenance programs or health maintenance programs; and
2. To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819; 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826; and 60-0224, entitled SSA-Initiated Personal Earnings and Benefit Estimate Statement Address System, as published in the FR on October 27, 1994, at 59 FR 54004. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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.**
