

**REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION**

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1. From whose record do you need the earnings information?	
Print the Name, Social Security Number (SSN), and date of birth below.	
Name <b>Mouad Maaziz</b>	Social Security Number <b>555-66-7777</b>
Other Name(s) Used (Include Maiden Name)	Date of Birth (Mo/Day/Yr) <b>03/01/1997</b>
2. What kind of information do you need?	
<input type="checkbox"/> Detailed Earnings Information (If you check this block, tell us below why you need this information.)	For the period(s)/year(s):
<input type="checkbox"/> Certified Total Earnings For Each Year. (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)	For the year(s):
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, enter \$15.00 . . . . . B. \$	
ADD the amounts on lines A and B, and enter the TOTAL amount . . . . . C. \$	
<ul style="list-style-type: none"> <li>You can pay by CREDIT CARD by completing and returning the form on page 4, or</li> <li>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"</li> <li>DO NOT SEND CASH.</li> </ul>	
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 <b>19/10/2023</b>	
Daytime Phone Number <b>555.123.4567</b> <small>(Area Code) (Telephone Number)</small>	
5. Tell us where you want the information sent. (Please print)	
Name <b>Mustafa B FAKAK</b>	Address <b>789 Elm St, Othertown, Province 98765.</b>
City, State & Zip Code _____	
6. Mail Completed Form(s) To: Exception: If using private contractor (e.g., FedEx) to mail form(s), use:	
Social Security Administration Division of Earnings Record Operations P.O. Box 33003 Baltimore Maryland 21290-3003	Social Security Administration Division of Earnings Record Operations 300 N. Greene St. Baltimore Maryland 21290-0300