REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

	REQUEST FOR SOC	CIAL SECURI	TY EARN	INGS INFOR	MATION	1	
. Fro	m whose record do you need the ear	nings informatio	n?				
Prir	t the Name, Social Security Number	(SSN), and date	of birth bel	low.			
		٠.		Social Securit	у		
Nan	ne Mouad Maaziz			Number	555-66	5-7777	
	er Name(s) Used lude Maiden Name)			Date of Birth (Mo/Day/Yr)	03/	/01/1997	
. Wh	at kind of information do you need?						
П	Detailed Earnings Information	1000	For the paris	od(s)/year(s):			
	(If you check this block, tell us bel why you need this information.)	ow	ror the pend	ou(s)/year(s).	· · · · · · · · · · · · · · · · · · ·		
	Certified Total Earnings For Each Y	ear.	For the year	(s):			
	(Check this box only if you want t certified. Otherwise, call 1-800-77						
	request Form SSA-7004, Request						
	and Benefit Estimate Statement)						
•	you want us to certify the information fyes, enter \$15.00	n?		Yes 🗆	B. \$		
	f yes, enter \$15.00	n?		Yes 🗌	No B. \$ C. \$		
. !	f yes, enter \$15.00 The amounts on lines A and B, and er the TOTAL amount You can pay by CRED Send your CHECK or	n? DIT CARD by co MONEY ORDER	mpleting and	Yes	B. \$ C. \$ orm on pa	ige 4, or	
	f yes, enter \$15.00	n? DIT CARD by co MONEY ORDER oney order payt	mpleting and	Yes	B. \$ C. \$ orm on pa	ige 4, or	
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