



**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 6B).

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 9.

Please sign your name (Do Not Print)

(Area Code) Daytime Telephone Number

Date

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## Privacy Act Statement Collection and Use of Personal Information

Sections 205 (a), 205 (c)(2)(A) and 1143 (a)(2) 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 for the purpose of validating Social Security numbers used in administering cash or non-cash income maintenance or health maintenance programs; and
2. To Federal, State, or local agencies for determining alien applicants' eligibility for benefit programs.

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 (SORNs) 60-0059, entitled Earnings Recording and Self-Employment Income System, and 60-0224, entitled SSA-Initiated Personal Earnings and Benefit Estimate Statement. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

## 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 relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

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