Form SSA-7050-F4 (11-2022)										Page	2 or	4					
REQUEST FOR SOCIAL SEC	URI	<u>TY</u>	EA	RI	<u> </u>	IG	IN	FOF	<u>RM</u>	4TI	<u>ON</u>						
<ol> <li>Provide your name as it appears on your most recent S earnings you are requesting.</li> </ol>	Social	Sec	urity	car	d or	the	nam	e of	the i	ndivi	dual	whose	_				
First Name:											Mic	ldle Init	ial:[				
Last Name:																	
Social Security Number (SSN)			Oı	ne S	SN	per	requ	est									
Date of Birth:	Date	of D	eath	:													
Other Name(s) Used Maiden Name			:							_							
<ol><li>What kind of earnings information do you need? (Choos this request.)</li></ol>	e ON	E of	the	follo	win	g typ	es c	of ea	rning	s or	SSA	must r	eturi	n			
☐ Itemized Statement of Earnings \$100.00		•	<b>Year</b>	(s) F	Requ	ueste	ed:				to	П		Γ			
(Includes the names and addresses of employers) If you check this box, tell us why you need this		,	<b>Year</b>	(e) F	Seal	ıeste	۲۰ ا ا	十	$\pm$	+	to	H	T	一			
information below.			Car		·		L				J	<u></u>	<u></u>	Щ			
		Check this box if you want the earnings information CERTIFIED for an additional \$44.00 fee.															
Certified Yearly Totals of Earnings \$44.00		,	/00r	(a) E	2001	.oot	.a. [		$\overline{}$		1		T	$\overline{}$			
(Does not include the names and addresses of employers) Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of						ieste ieste	Ļ				to	世					
earnings, visit our website at <a href="https://www.ssa.gov/myaccount">www.ssa.gov/myaccount</a> .  3. If you would like this information sent to someone else	nlea	se fi	ll in 1	he i	nfor	mati	on h	elov	,								
I authorize the Social Security Administration to release	•								•					_			
Name			į														
Address									State								
City		ZIP Code															
4. I am the individual to whom the record pertains (or a per I declare under penalty of perjury that I have examined a statements or forms, and it is true and correct to the bes	all the	info	rmat	ion (	on t	on his f	beh orm,	alf of and	that on a	indiv any a	ridua ccon	l). npanyir	ng				
Signature AND Printed Name of Individual or Legal Guardian						SSA must receive this form within 120 days from the date signed  Date											
Relationship (if applicable, you must attach proof)	i		Daytime Phone:														
Address						-		State									
City							z	IP C	ode	_	.1						
Witnesses must sign this form ONLY if the above signature signing who know the signee must sign below and provide mark (X) on the signature line above.	e is by their	ma full a	rked addre	(X). esse	If s s. P	igne leas	d by e pr	mar int th	k (X e sig	), two	witr s nar	esses ne nex	to th	ie the			
1. Signature of Witness	2. Signatur					ness											
Address (Number and Street, City, State and ZIP Code)	Ad	Address (Number and Street, City, State and ZIP Code)															