REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION	
From whose record do you need the earnings information?	
Print the Name, Social Security Number (SSN), and date of birth be	elow.
Name	Social Security Number
Other Name(s) Used (Include Maiden Name)	Date of Birth (Mo/Day/Yr)
2. What kind of information do you need?	
(If you check this block, tell us below why you need this information.) Verification of post-retirement employment	or the period(s)/year(s):
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)	or the year(s):
3. If you owe us a fee for this detailed earnings information, using the chart on page 3	
Do you want us to certify the information?	☐ Yes ☒ No
If yes, enter \$15.00	В. \$
ADD the amounts on lines A and B, and enter the TOTAL amount	C.\$
 You can pay by CREDIT CARD by completing Send your CHECK or MONEY ORDER for and make check or money order payble to "S DO NOT SEND CASH. 	the amount on line C with the request
 I am the individual to whom the record pertains (or a persindividual). I understand that any false representation to k Social Security records is punishable by a fine of not more than \$5 	nowingly and willfully obtain information from
SIGN your name here	Date

Daytime Phone Number (Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name Southern California IBEW-NECA Trust Funds Address **P.O. Box 910918** City, State & Zip Code Los Angeles, CA 90091

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

Division of Earnings Record Operations 300 N. Greene St. Baltimore Maryland 21290-0300

Social Security Administration

Baltimore Maryland 21290-3003