

STEP 5: Signature

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM.

I understand that the Social Security Administration (SSA) will check my statements with records from the Internal Revenue Service to make sure the determination is correct.

I declare under penalty of perjury that I have examined the information on this form and it is true and correct to the best of my knowledge.

I understand that signing this form does not constitute a request for SSA to use more recent tax year information unless it is accompanied by:

- Evidence that I have had the life-changing event indicated on this form;
- A copy of my Federal tax return; or
- Other evidence of the more recent tax year's modified adjusted gross income.

Signature	Phone Number	
Mailing Address	Apartment Number	
City	State	ZIP Code