

Qualifying Quarters of Social Security Earnings

Client Name	Case Name	Case No.	Date
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Complete the following for each person whose work history is used to determine the 40 qualifying quarters of Social Security earnings.

FULL NAME (Last, First, Middle)	RELATIONSHIP TO CLIENT	SOCIAL SECURITY NO.	DATE OF BIRTH	DATE RELATIONSHIP BEGAN	DATE RELATIONSHIP ENDED (if app.)
1. Client Name	CLIENT			N/A	N/A
2.					
3.					
4.					
5.					
6.					
7.					
8.					