

Request for Student Earned Income Exclusion (SEIE)

Date _____

Dear _____

- ✓ I am currently employed at _____.
- ✓ I am under 22 years of age, my birth date is _____
- ✓ I am regularly attending school:

The following information is being provided by my school representative:

School Name: _____

Address: _____

Contact Person (Teacher): _____

Phone: _____ Grade Level: _____

Hours per Week Participating in school: _____

Comments: _____

Teacher Signature

Date

I am requesting that the applicable amount of earnings be excluded through the Student Earned Income Exclusion when calculation my SSI cash check.

I will send my pay stubs to the local SSA office each month to report my monthly income.

Sincerely,

Name: _____

Social Security Number: _____

Address: _____

Phone: _____

(Keep a copy for your records)