

6230



# Representative Payee Report

Social Security Administration, P.O. Box 6230, Wilkes-Barre, PA 18767-6230

FORM APPROVED  
OMB NO. 0960-0068

PAYEE'S NAME AND ADDRESS

REPORT PERIOD

SOCIAL SECURITY NUMBER

FROM:

TO:

ID

BIC

PC

DOC

CF

TAA

FP

BIC1

CF

BSSN

BIC3

CF

BSSN

BIC2

CF

BSSN

BIC4

CF

BSSN



If change of address,  correct and  check box  AND ENTER NEW ADDRESS ON BACK OF REPORT

This report is about the benefits you received between \_\_\_\_\_ and \_\_\_\_\_ for the child(ren) named below. Please read the enclosed instructions before completing this form to help you answer each question.

**1.** Were you (the payee) convicted of a crime considered to be a felony between \_\_\_\_\_ and \_\_\_\_\_ ?

If YES, please explain in REMARKS on the back of this form.

YES  NO

**2.** Did all the children named below live with you from \_\_\_\_\_ to \_\_\_\_\_ ?

If NO, please explain and provide the child(ren)'s current address in REMARKS on the back of this form.

YES  NO

**3.** Benefits paid to you between \_\_\_\_\_ and \_\_\_\_\_ = \$ \_\_\_\_\_

Benefits you reported as saved on last year's report. = \$ \_\_\_\_\_ 0

Total Accountable Amount = \$ \_\_\_\_\_

**A.** Did you (the payee) decide how the \$ \_\_\_\_\_ was spent or saved for all the children named below? *→*

If NO, please explain in REMARKS on the back of this form.

YES  NO

**B.** How much of the \$ \_\_\_\_\_ did you use for the care and support of the child(ren) named below between \_\_\_\_\_ and \_\_\_\_\_ ? *→*

**C.** Show how much, if any, of the \$ \_\_\_\_\_ you saved for each child named below as of \_\_\_\_\_ ? If none, show zeros. *→*

DOLLAR AMOUNT (NO CENTS)

[ ][ ][ ] , [ ][ ][ ]

BIC	CHILD'S NAME	DOLLAR AMOUNT	BIC	CHILD'S NAME	DOLLAR AMOUNT
		[ ][ ][ ] , [ ][ ][ ]			[ ][ ][ ] , [ ][ ][ ]
		[ ][ ][ ] , [ ][ ][ ]			[ ][ ][ ] , [ ][ ][ ]

**4.** If you showed an amount in 3.C. above, place an "X" in the boxes below to show how you are saving the child(ren)'s benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT				B. TITLE OF ACCOUNT		
Savings/Checking Account <input type="checkbox"/>	U.S. Savings Bonds <input type="checkbox"/>	Certificates of Deposit <input type="checkbox"/>	Other <input type="checkbox"/>	Child(ren)'s Name by Your Name <input type="checkbox"/>	Your Name for Child(ren)'s Name <input type="checkbox"/>	Other <input type="checkbox"/>

*Handwritten: Treasury Bills*

*Handwritten: BOLES WILL BE EVENLY SPACED*

