6230



Soci	presentative]	Pavee Repor	r t 5230, W	ilkes-	Barre, P	A 1870	67-6230		APPRO NO. 0960	
PAYEE'S	NAME AND ADDRESS		REPORT	PERIOD					CURITY NUM	
12			FROM: ID	BIC	TO: PC	DOC	CF	TAA		FP
•			BIC1	CF	BSSN		BIC3	CF	BSSN	
			BIC2	CF	BSSN		BIC4	CF	BSSN	
	MoondMooddMooddhala	halalaadahalishdhal								
	e e	et E								
[f chan	ge of address correct and check bo	17700				3				
This	report is about the bene	fits you received bety	DT O O 22			027		21.16		- 1
belov	w. Please read the enclos	ed instructions before	re comp	leting t	his form t	o help	or the ch you ansv	ver each) named 1 questi	on.
1	Were you (the payee) conv	icted of a crime conside	ered to be	a felon	y between			YES	NO	-
I.	and If YES, please explain in l	? REMARKS on the back	of this fo	rm.				IES	NO	
2.	Did all the children name	d below live with you fr	rom	to)	?				
4.	If NO, please explain and the back of this form.	provide the child(ren)'s	current	address	in REMAR	KS on				
3.	Benefits paid to you betwee Benefits you reported as s	een and aved on last year's rep	ort.	= \$ = \$		0				
	Total Accountable Amount			= \$						
	A. Did you (the payee all the children na If NO, please expla	decide how the \$ med below? in in REMARKS on the	was spen				>	YES	NO	
	B. How much of the \$ child(ren) named be	did you use for the care and support of the						DOLLAR AMOUNT (NO CENTS)		
	C. Show how much, if named below as of	2 2	and saved for now zeros	r each cl	? nild	—)		<u> </u>		
BIC	CHILD'S NAME	DOLLAR AMOUNT	BI	C	CHILD' NAME			DOLL		
		,						,		
		<u> </u>								
4.	If you showed an amount i child(ren)'s benefits. If you	n 3.C. above, place an "I have more than one ac	X" in the count, yo	boxes be u may m	elow to sho ark more t	w how y	ou are say	ving the	on	
	A. TYPE OF A	- 4					ACCO			
	s/Checking U.S. Savings Bonds BOLES WILL BE EVE	Certificates of Deposit Other		Child(ren)'s by Your I			Name for ren)'s Name		Other	
ORM	SSA-6230-OCR-SM (12-20	04)			-	ontinued				

Continued on the Reverse —

6230

FORM SSA-6230-OCR-SM (12-2004)



BOXES WILL BE SPACED EVENLY
FOR SSA USE ONLY

		ATT[PC] MARK [] [WBDO]					
		ם ומעט	FO ASSISTANCE OTH				
If you answered "OT	DONLY IF YOU ANSWERED "OTHE						
or investment and the	IER" in 4.A. or B. on the front partitle of the account in which you	gel show saved ea	the type of account ch child's benefits.				
CHILD'S NAME	TYPE OF ACCOUNT OR INVESTMENT		TITLE OF ACCOUNT				
	,						
	# # #						
	A.						
			3.				
REMARKS							
*							
4							
NEW ADDRESS	T.						
understand that anyone wh	o knowingly gives a false or m	correc	nformation on this form, and on t to the best of my knowledge. I ng statement about a material s a crime and may be sent to				
(If signed by mark (X), two witnesses m	7	B.	enumber)				
PRINT RELATIONSHIP TO C REMOVE 17415			Zenomberc)				
WITNESS SIGNATURI	S ARE REQUIRED ONLY IF THE HAS BEEN SIGNED BY MA	HE DAY	ea Code YEE'S SIGNATURE ABOVE				
SIGNATURE OF WITNESS		DATE					
SIGNATURE OF WITNESS	1	DATE					

