Representative Payee Report

Social S	ecurity Adı	ninistratio	on, P.O. B	ox 6232, V	Wilkes-	Barre, P	A 18767	-6232		M APPROVED NO. 0960-006
PAYEE'S NAME A	AND ADDRESS				PERIOD			4 1 20000		RITY NUMBER
				FROM.		TO:				
				BENEFI	CIARY					FP
				ID	BIC	D TP	CC	GS	PC	DOC
	olubblhadala		allddddd	CF	TAA	PF	BSSN			
f change of a	ddress, correct and	check box.								
the ben	port is about eficiary, completing			Pleas	ea road	the enel	and osed ins	structio	fo ns	r
L o	re you (the paye and ES, please expl					between		YES		NO
	the beneficiary itution from eficiary's curren	LO	7 11	N() Dlease	evnlain a	nd provide	same the			
• Ben	nefits paid to yo nefits you repor	ted as saved	and on last year's	s report.	= \$ = \$		0	500	th des	
A.	Did you (the	e payee) decid	e how the \$	was sp n the back o	= \$ ent or say f this forn	/ed?	→	YES		NO
В.	B. How much of the \$ did you spend for the beneficiary's food and and ?						DOLLAR AMOUNT (NO CENTS)			
C.	C. How much of \$ did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between and ?									
D.	D. How much, if any, of the \$\\$ did you save for the beneficiary as ? If none, show zeros.									
If you the b	u showed an an penefits. If you l	nount in 3.D. have more tha	above, place a un one accour	an "X" in the	e boxes be mark mor	low to shore than one	w how you box in eac	are saving	5	
81.0	A. TYI	PE OF ACC	COUNT			Ъл	MALE C	E 400-		
Savings/ Checking Account	U.S. Savings Bonds	Certificates of Deposit	Collective Savi Checking Acco	ngs/ unt Ot	her b	B. I neficiary's Name by Your Name		F ACCO or Name for iciary's Name	UNT	Other

,	MIII BMC.8780 BMC III III					
P535B		FOR SSA USE ONLY				
		PC WBDOC				
		FO ASSISTANCE				
5.A.	If you answered "OTHER" in 4.A. on the front page, show the type of account or investment in	TYPE OF ACCOUNT				
	which the benefits are saved.	-				
В.	If you answered "OTHER" in 4.B. on the front page, show the title of the account in which the benefits are saved.	TITLE OF ACCOUNT				
REMARKS						
		9				
		E E				
-						
l declare unde any accompar	er penalty of perjury that I have examined	all the information on this form, and on				
understand th	at anyone who knowingly gives a false	d correct to the best of my knowledge. I				
prison, or may	formation, or causes someone else to do so, y face other penalties, or both.	commits a crime and may be sent to				
PAYEE'S SIGN	NATURE	DATE				
(If signed by mark (X), two witnesses must sign below)	DATE				
6.		Q				
PRINT RELATI	ONSHIP TO BENEFICIARY OR TITLE	O.				
	TO DESCRIPTIONAL OR TITLE	DAYTIME TELEPHONE NUMBER(S) (Include area code)				
7		O -				
WITNES	S SIGNATURES ARE PROVIDED	Area Code				
	S SIGNATURES ARE REQUIRED ONLY IF HAS BEEN SIGNED BY M	THE PAYEE'S SIGNATURE ABOVE				
SIGNATURE O	F WITNESS	DATE				

DATE



FORM SSA-623-OCR-SM (12-2004)

SIGNATURE OF WITNESS