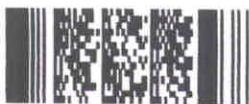


6230



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.

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 _____ ? **→**

DOLLAR AMOUNT (NO CENTS)
[][] , [][][][]

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

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"/>

