

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? YES NO

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

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

Savings/Checking Account U.S. Savings Bonds Certificates of Deposit *TREASURY BILLS* Other

BOXES WILL BE EVENLY SPACED

B. TITLE OF ACCOUNT

Child(ren)'s Name by Your Name Your Name for Child(ren)'s Name Other

