6230



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

SOC1	NAME AND	ADDRESS Administ	ration, P.O. Box	REPORT	ilkes-B		A 1876	67-6230	OMB	I APPRO NO. 0960 CURITY NUI	0-0068
				FROM: ID	BIC	TO: PC	DOC	CF	TAA		FP
				PVC-							
				BIC1	CF	BSSN		BIC3	CF	BSSN	
				BIC2	CF	BSSN		BIC4	CF	BSSN	
	Illimid		lahladdalddal								
	9		**************************************								
`chang	ge of addi	ress, correct and check box	. 🗆				:				-
This	report	is about the benef	its you received be	etween		and	f	or the cl	nild(ren)) named	- 1
belov	v. Plea	ise read the enclos	ed instructions bef	ore comp	leting th	is form t	o help	you ansv	wer each	questi	on.
1	Were	you (the payee) conv	icted of a crime consi	dered to be	e a felony	between			YES	NO	_
L.	If YE	and S, please explain in F	? EEMARKS on the bac	k of this fo	orm.				IES	NO	
2.	If NO	II the children name , please explain and ack of this form.	d below live with you provide the child(ren)	from 's current	to address i	n REMAR	? KS on				
3.		fits paid to you betwee fits you reported as s	en and aved on last year's re	eport.	= \$ = \$		0				
	Total Accountable Amount				= \$						
	A.	Did you (the payee) all the children nan If NO, please explan			nt or save	-		-	YES	NO	
								1	DOLLAR A		
	В.	How much of the \$ child(ren) named be	did you use for t elow between	the care an	nd suppor		\rightarrow		(NO CE	ENTS)	
	C.	Show how much, if named below as of	any, of the \$ you? If none,	u saved fo show zeros	r each ch	ild			,		
BIC		CHILD'S NAME	DOLLAR AMOUNT	В	IC	CHILD'S			DOLI		
1.	If you child(1	showed an amount i ren)'s benefits. If you	n 3.C. above, place an have more than one	"X" in the account, yo	boxes below may m	low to sho	w how y	ou are sa	ving the	on.	
		A. TYPE OF A						FACCO			
	s/Checking	g U.S. Savings Bonds	Certificates of Deposit Othe	er	Child(ren)'s by Your N	Name	You	Name for ren)'s Name		Other	

Continued on the Reverse -



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5. If you answered "OTHE" or investment and the tit	R" in 4.A. or B. o le of the account	n the front pa in which you	ge, show th saved each	ne type of account n child's benefits.
. CHILD'S NAME		OF ACCOUNT VESTMENT		TITLE OF ACCOUNT
	Y			
	e ne Q			

REMARKS				
3			Q.	
	_			
my accompanying statement	s or torms, and knowingly give uses someone e	it is true an	d correct nisleadin	Cormation on this form, and on to the best of my knowledge. I g statement about a material a crime and may be sent to
AYEE'S SIGNATURE f signed by mark (X), two witnesses must	sign below)		DATE	
RINT RELATIONSHIP TO CHI	LD(REN)		DAYTIMI (Include are	E TELEPHONE NUMBER(S)
7.			9_	
WITNESS SIGNATURES	ARE REQUIRI	ED ONLY IF		EE'S SIGNATURE ABOVE
IGNATURE OF WITNESS			DATE	
IGNATURE OF WITNESS			DATE	
ORM SSA-6230-OCR-SM (12-2	004)	*		

