

Request for Appointed Representative's Direct Payment Information

PERSONAL INFORMATION

First Name

Middle Name

Last Name

Suffix

Social Security Number

Tax Mailing Address

P.O. Box, Street, Apt., or Suite No.

City

State

ZIP Code or Postal Zone

Country

PROFESSIONAL INFORMATION

Are you are registering to receive payments as an attorney or registering as a non-attorney eligible for direct payment? Please check one:

Attorney

Eligible for Direct Payment Non-Attorney

If you indicated that you are an attorney, please provide the location and name of one court to which you have been admitted to practice law and are currently in good standing. If you are admitted to more than one court, please provide information for only one court.

Full Name of the Court (e.g., Supreme Court of Virginia, U.S. District Court for the Southern District of New York, U.S. Court of Appeals for the 9th Circuit)

Principal Location of Court (e.g., State, Territory, or District of Columbia)

BUSINESS AFFILIATION

Please provide us with information about ALL of your existing business affiliations in your work as an appointed representative. A separate SSA-1699 should be completed for more than two affiliations.

A. First Business Affiliation

Sole Proprietor or Single-Member LLC/LLP Partner or Salaried Employee

If partner or salaried employee, please provide the Employer Identification Number (EIN) and name of the business entity.

| | |
|-----------------------------|----------------------------|
| Name of the Business Entity | EIN of the Business Entity |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Notice and Payment Address (Address for SSA notices and, when direct deposit does not apply, fee payment.)

Is this address the same as the tax mailing address listed above? Yes No
If you answered "Yes", you do not need to complete the address information below.

P.O. Box, Street, Apt., or Suite No.

| | |
|----------------------|----------------------|
| City | State |
| <input type="text"/> | <input type="text"/> |

ZIP Code or Postal Zone

Country

| | |
|------------------------------------|-----------------------|
| Phone Number (including area code) | Fax Number (optional) |
| <input type="text"/> | <input type="text"/> |

Please indicate your payment preference for this affiliation: Check Direct Deposit

Direct Deposit Information (You must be the owner or co-owner of this account in order to receive direct deposit.)

Are you the owner or co-owner of this account? Yes No

Name of Financial Institution

Type of Account Checking Savings

| | |
|---------------------------|----------------------|
| Nine Digit Routing Number | Account Number |
| <input type="text"/> | <input type="text"/> |

IMPORTANT INFORMATION

Purpose of Form

Pursuant to sections 6041 and 6045(f) of the Internal Revenue Code, the Social Security Administration (SSA) is required to file an information return (i.e., Form 1099-MISC) with the Internal Revenue Service (IRS) when it makes direct payments of \$600 or more during a tax year to an attorney or other person who represented claimants before SSA. The required information on this form will be used to process these direct payments, including the possible use of direct deposit to a financial institution, and to meet any requirement for issuance of a Form 1099-MISC.

Instructions for Completing the Form

Personal Information Section

Please enter your Social Security Number (SSN) in the box provided. The name you enter should be that name shown on your Social Security card. If you have changed your last name (e.g., due to marriage), please contact your local SSA office to make this change to your Social Security record and to apply for a new Social Security card. The mailing address you enter should be the address you use on Federal tax documents. SSA will mail any required Form 1099-MISC to this address.

Professional Information Section

Please check the appropriate box to indicate whether you are an attorney or an eligible for direct payment non-attorney (i.e., you have been notified that you have met all of the prerequisites, including achieving a passing score on a required examination, and are eligible to receive direct payment of fees from SSA related to the representation of claimants). If you indicate that you are an attorney, please provide the principal location and name of one court to which you have been admitted to practice law and are currently in good standing.

Business Affiliation Section

In order to meet the information return (i.e., Form 1099-MISC) reporting requirements of the IRS, SSA needs to know all of your business affiliations related to direct payments you receive as an appointed representative. This form provides for up to two affiliations. If you have more than two affiliations, you will need to submit a separate Form-1699.

Please check the appropriate box to indicate whether you are a sole proprietor or single-member limited liability company/partnership (LLC/LLP) or are a partner or employee of a law firm or other business entity. If you are a partner or employee of a law firm or other business entity, please provide the Employer Identification Number (EIN) and name of the law firm or other business entity (the name of the business entity should be that used on its Federal tax documents).

Please provide the address where you would like to receive direct fee payments (when not electing direct deposit) and applicable notices. If this address is the same as your tax mailing address indicated above, please check the appropriate box.

Please indicate your preferred method of payment (i.e., check or direct deposit to your financial institution account). In order to request direct deposit, you must be the owner or co-owner of the account. The nine-digit routing number for your financial institution and your account number can be found at the bottom of your check.

Privacy Act Notice

We are required by section 206(a) and 1631(d) of the Social Security Act to ask you to give us the information on this form. The information is needed to facilitate direct payment of authorized fees and to meet the reporting requirements of the law. Although responses to the questions are voluntary, failure to provide answers to the questions on this form will result in nonpayment for your service.

The information obtained on this form is almost never used for any purpose other than that stated above. However, sometimes the law requires us to disclose the facts on this form without your consent. For example, we must release this information to another person or government agency if federal law requires that we do so or to contractors, as necessary, to assist SSA in the efficient administration of its programs.

Explanations about the reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**