

## Internet Representative Payee Accounting (iRPA)



### Welcome to Internet Representative Payee Accounting

#### To get started

You will need to have the report that you received in the mail in order to access your beneficiary's records. For security reasons, we will request information regarding unique codes on your report.

#### Completing your report

You must complete this report in one sitting. Your information will not be saved if you do not complete your online report. However, you may always log-in in the future and start your report from the beginning.

#### When you finish

After you have completed your accounting update, you will be given a confirmation number for your reference. This information will be saved for 30 days in our records for your review.

#### Start the Payee Accounting Update Process...

The following pages will guide you through updating your records with Social Security:

I am an existing user

I need to register for a user ID

We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions.

Social Security is required by sections 205(j) and 1631(a) of the Social Security Act to ask you to complete the report. The information you provide enables SSA to account for the beneficiary's payments, and ensures that beneficiary needs are being met. If you do not complete this report, we may not be able to continue sending the beneficiary's payments to you. For more information go to the [Privacy and Paperwork Reduction Act Statements](#).

OMB No. 0960-618

## Internet Representative Payee Accounting (IRPA)

Log Out

### Access Beneficiary Data

STEP:

**Access**
Accounting
Savings
Summary
Confirmation

**To access the period you want to update, you must enter information from the Representative Payee Report mailed to you by SSA for that reporting period.**

The picture below shows the locations of the SSN, ID, TAA, and BIC codes on a sample Representative Payee Report. Use the codes written on the actual report you received from SSA.

PAYEE NAME AND ADDRESS  FOR ABC GROUP 1234 ANY ROAD ST ANYTOWN, MD 00001	REPORT PERIOD FROM 08/01/2003 to 07/31/2004  BENEFICIARY JOHN DOE  ID      BIC      D      TP      CC      GS      PC      DOC 0      C1      Y      REL      PVE      Y      1      001  CP      TAA      PV      SSN 000000      005197      123-45-6789	SOCIAL SECURITY NUMBER 123-45-6789
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Please enter the information requested below exactly as it appears on the Representative Payee Report you received from Social Security.

**NOTE:**

- If the ID and BIC codes appear on the report, you must enter these codes.
- If the ID and BIC codes do not appear on the report, do not enter them. [More info](#)

Now locate and enter **your** codes (not the sample codes) into the below fields.

ITEM 1: SSN (XXX-XX-XXXX)

ITEM 2: TAA (six digit format)

ITEM 3: ID

ITEM 4: BIC


Cancel
<< Previous
Next >>

iRPA Accounting Screen

# Internet Representative Payee Accounting (iRPA)

03

[Log Out](#)



## Accounting

Account **Accounting** Savings Summary Confirmation

<b>PAYEE</b> JOHN SMITH 1234 ANYPLACE RD ANYTOWN, MD 21000 <a href="#">change address</a>	<b>REPORT PERIOD</b> 08/01/2006 TO 07/31/2007	<b>BENEFICIARY</b> RANDAL SIMMONS XXX-XX-6789
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You received benefits between 08/01/2006 and 07/31/2007 for the beneficiary, RANDAL SIMMONS. You are required to complete this form. More information links are available throughout this report and may be useful for answering questions that you may have.

Your Job Title  (payee's job title)

Your Daytime Phone Number  (include area code)

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 08/01/2006 to 07/31/2007?

Yes  No

Street Address Line

Street Address Line

City, State, Zip Code


[Click here to see full change of address](#)

<b>Benefits paid to you between 08/01/2006 and 07/31/2007</b>	<b>\$6,197</b>	<small>benefits</small>
<b>Benefits you reported as saved on last year's report</b>	<b>\$0</b>	<small>benefits</small>
<b>Total Accountable Amount</b>	<b>\$6,197</b>	<small>benefits</small>

[print](#) [help](#)

IRPA Savings Page

Internet Representative Payee Accounting (IRPA)

Log Out  **Savings**

<input checked="" type="checkbox"/> Access	<input checked="" type="checkbox"/> Accounting	<input checked="" type="radio"/> <b>Savings</b>	<input type="checkbox"/> Summary	<input type="checkbox"/> Confirmation
<b>PAYEE</b> JOHN SMITH 1234 ANYPLACE RD ANYTOWN, MD 21000 <a href="#">change address</a>	<b>REPORT PERIOD</b> 08/01/2006 TO 07/31/2007	<b>BENEFICIARY</b> RANDAL SIMMONS XXX-XXX-6789		

Indicate how you are saving the \$1255 on behalf of the beneficiary. If you have more than one account, you may mark more than one box.

Check all that apply:

<input type="checkbox"/> Savings or Checking Account	<input type="checkbox"/> US Savings Bonds	<input type="checkbox"/> Certificates of Deposit
<input type="checkbox"/> Collective Savings or Collective Checking Account	<input type="checkbox"/> Treasury Bills	<input type="checkbox"/> Other

Indicate the type of account:

How is the title of the account listed?


(Your Name for Randal Simmons) (Randal Simmons by Your Name)

Your Name for Beneficiary's Name     Beneficiary's Name by Your Name     Other

How is the account titled?

**General Remarks (if any)**

iRPA Report Summary Screen

Internet Representative Payee Accounting (iRPA)			
<a href="#">Log Out</a>		 <b>Report Summary</b>	
<input checked="" type="checkbox"/> Access		<input checked="" type="checkbox"/> Accounting	
<input checked="" type="checkbox"/> Savings		<input checked="" type="radio"/> <b>Summary</b>	
<input type="checkbox"/> Confirmation			
<b>PAYEE</b> JOHN SMITH 1234 ANYPLACE RD ANYTOWN, MD 21000 <a href="#">change address</a>	<b>REPORT PERIOD</b> 06/01/2006 TO 07/31/2007	<b>BENEFICIARY</b> RANDAL SIMMONS X001-X01-6789	

**Carefully review the following information for accuracy and make any edits if necessary.**

[Edit](#) The beneficiary did continue to live with you at the same residence or institution.

[Edit](#) You (the payee) did decide how the \$6,197 was spent or saved.

[Edit](#) \$5,100 was spent for food and housing for the beneficiary.

[Edit](#) \$1,085 was spent on other expenses for the beneficiary.

[Edit](#) \$1255 was saved for the beneficiary.

[Edit](#) The \$1255 is being saved in a savings account.


[Edit](#) The name listed on this account is Randal Simmons.

[Edit](#) Your title (the payee) is Administrator.

[Edit](#) The daytime phone number where you can be reached is 410-555-1000.

**If the above information is correct proceed by responding to the following attestation.**


I, **JOHN SMITH**, declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or face other penalties, or both.

 **After you submit this report you will not be able to come back to edit it. Be sure that you have carefully reviewed the data you entered.**

I agree that the above statement is true.

iRPA Confirmation Screen

Internet Representative Payee Accounting (iRPA) 00

[Log Out](#)  **Confirmation**


<input checked="" type="checkbox"/> Access	<input checked="" type="checkbox"/> Accounting	<input checked="" type="checkbox"/> Savings	<input checked="" type="checkbox"/> Summary	<input checked="" type="radio"/> <b>Confirmation</b>
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<b>PAYEE</b> JOHN SMITH 1234 ANYPLACE RD ANYTOWN, MD 21000	<b>REPORT PERIOD</b> 08/01/2006 TO 07/31/2007	<b>BENEFICIARY</b> RANDAL SIMMONS XXX-JOL-6789
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Your accounting records for RANDAL SIMMONS have been updated for the reporting period of 08/01/2006 TO 07/31/2007.

**There is no need to mail your paper form.** This information will be available for your review online for a period of 30 days.

You may print or download this page for your records, log out, or file another report.

 [Download this Page](#)

 [Print this Page](#)

Your Confirmation number is **785394466002**

Today's Date: 01/08/2008

The beneficiary has moved. The new address is:  
320 Cranbrook Drive  
Cockeysville, MD 21030

Randal Simmons moved in with his sister

You (the payee) did decide how the \$6,197 was spent or saved.

**\$5,100** was spent for food and housing for the beneficiary.

**\$1,085** was spent on other expenses for the beneficiary.

**\$1255** was saved for the beneficiary.

The \$1255 is being saved in a **savings account**.

The name listed on this account is **Randal Simmons**

Your title (the payee) is **Administrator**.

The daytime phone number where you can be reached is **410-555-1000**.

Thank you for using the Internet Representative Payee Accounting (iRPA) system.

[iRPA Home](#) [File Another](#)

<http://mwww.ba.ssa.gov/hlp/irpa/10/hlp-irpa001-acr.htm>

## Access Code Definitions



Last reviewed or modified Monday Mar 17, 2008

HLP-IRPA001-ACR

**SSN** - Social Security Number (the number holder's Social Security number on whose account benefits are payable)

**TAA** - Total Accountable Amount (the amount of money you received on behalf of the beneficiary plus any saved funds that were reported on the last accounting report)

**ID** - Individual Recipient Information this code identifies the type of SSI eligibility and type of recipient)

**BIC** - Beneficiary Identification Code (this code identifies the type of Social Security benefits payable)

[Close this window](#)

<http://mwww.ba.ssa.gov/hlp/irpa/10/hlp-irpa002-addr.htm>

## Address Change



Last reviewed or modified Wednesday Mar 19, 2008

HLP-IRPA002-ADDR

Please call SSA at 1-800-772-1213 or visit your local field office to update **your** address. You can only update the beneficiary's address on the online accounting report.

[Close this window](#)

## Privacy and Paperwork Reduction Act Statements

Last reviewed or modified Wednesday Mar 19, 2008



HLP-001-PRA

**See Revised Privacy Act and PRA Statements Attached**

The law sometimes requires us to give out the facts on this form without your consent. The information must be released to another person or government agency if Federal law requires the information for research and audits in order to administer or improve our representative payee program.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other 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.


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 (OMB) control number. *You may send comments on our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-0001. **Send only comments on our time estimate to this address, not the completed form.***

[Close this window](#)



Error 1: Strike 1 error – form not found (Pop-up window overlays existing screen)


## Internet Representative Payee Accounting (iRPA)

**Your record has not been found**

We are sorry for the inconvenience, but we cannot match the information you have provided with our records. Please check your records again for accuracy. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call **1-800-772-1213** or contact your local Social Security office if you require further assistance. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

Error 2: Strike 2 error – form not found (Pop-up window overlays existing screen)

## Internet Representative Payee Accounting (iRPA)

**Your record has not been found**


We still cannot match the information you have provided with our records. Please check your records once again for accuracy. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call **1-800-772-1213** or contact your local Social Security office if you require further assistance. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

**Title: iRPA Error Messages**  
**Version: 0.4**  
**Date: May 1, 2008**

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Error 3: Strike 3 error – form not found (Full Window/ New Screen)


## Internet Representative Payee Accounting (iRPA)

 **You have reached the limit on number of requests**

We are sorry for the inconvenience, but after several attempts we cannot match the information you have provided with our records. You may return after 24 hours of inactivity. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call **1-800-772-1213** or contact your local Social Security office. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

Error 4: Re-entry after lock out (Full Window/ New Screen)

## Internet Representative Payee Accounting (iRPA)

 **We cannot process your request at this time**


We are sorry for the inconvenience, but this account has been suspended for 24 hours due to several unmatched access attempts. Please try back in 24 hours or if you need further assistance you may call our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

**Title: iRPA Error Messages**  
**Version: 0.4**  
**Date: May 1, 2008**

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Errors 5&9: Previously submitted report (Full Window/ New Screen)


## Internet Representative Payee Accounting (iRPA)

**This record has already been submitted**

A Representative Payee Accounting form has already been submitted to Social Security for this claimant. If you have new information, you must contact us. We cannot accept additional information over the Internet. Call our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

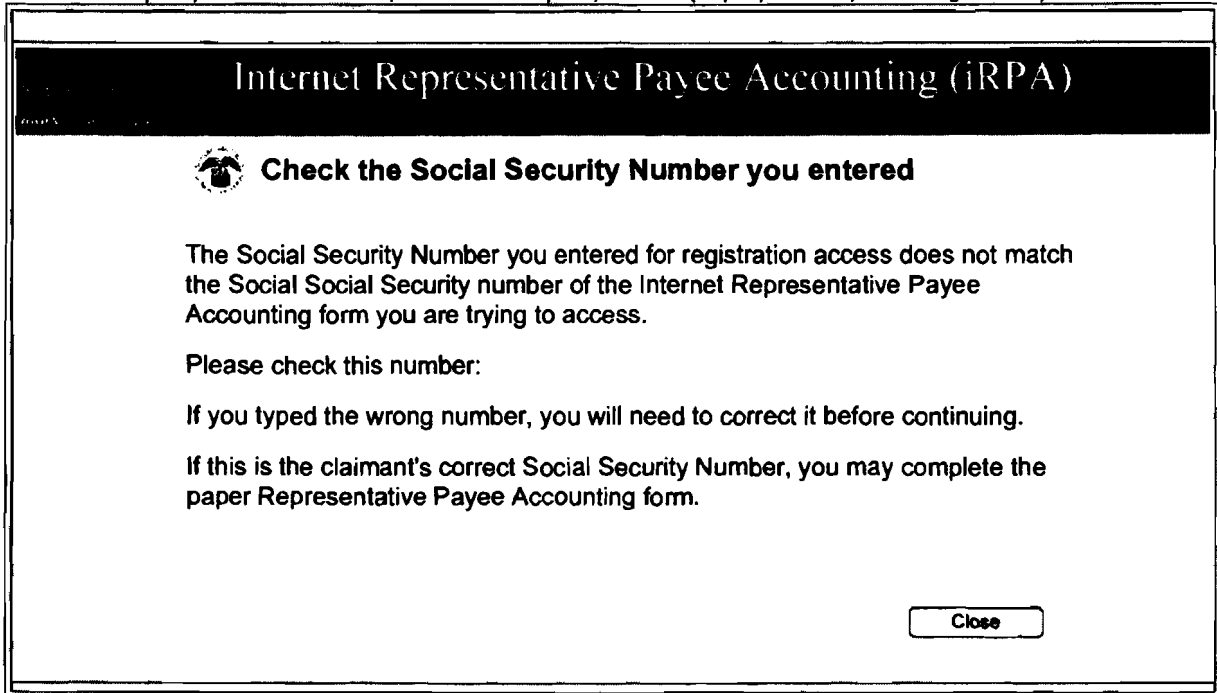
Error 6: Non-responder (Full Window/ New Screen)

## Internet Representative Payee Accounting (iRPA)

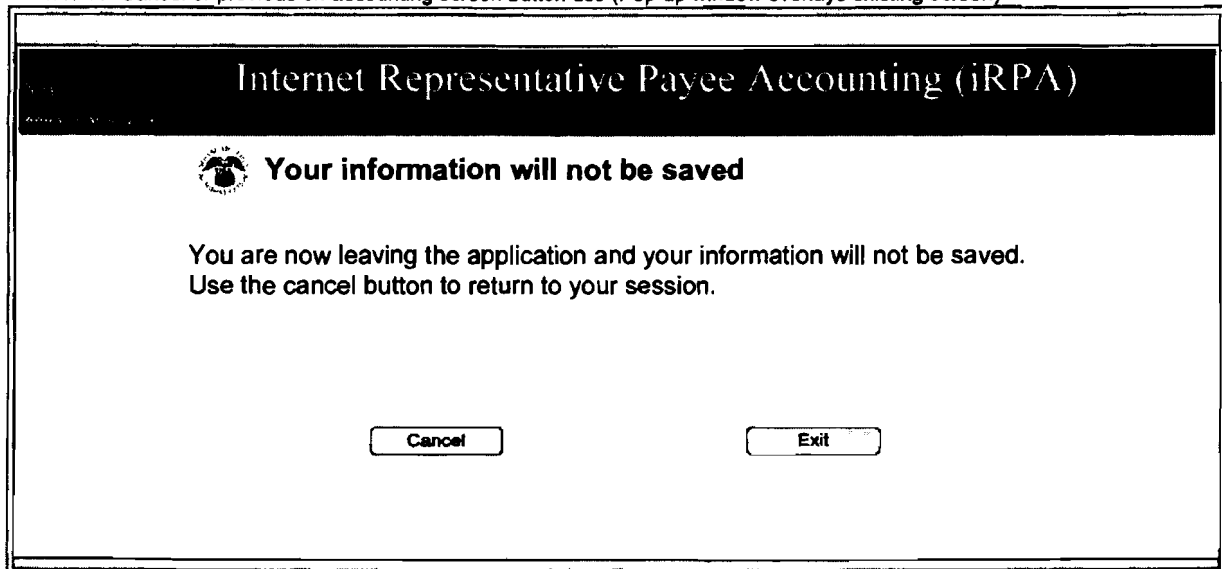
**We cannot process your request at this time**

We are sorry for the inconvenience, but we cannot process your request at this time. If you want to know about other options for completing the representative payee accounting form; call our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

**Error 7: Rep Payee Number not equal to IRES Rep Payee SSN (Pop-up Overlays existing screen)**



**Error 10: Cancel or previous on accounting screen button use (Pop-up window overlays existing screen)**




**Title: iRPA Error Messages**  
**Version: 0.4**  
**Date: May 1, 2008**

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Error 11: Check the amounts you have entered (Pop-up window overlays existing screen)

## Internet Representative Payee Accounting (iRPA)

 **Check the amounts you have entered for accounting**

The amounts that you have entered do not add up to the Total Accountable Amount (TAA). Would you like to correct these amounts?

*SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:*

## **PRIVACY ACT STATEMENT**

### **Collection and Use of Personal Information**

Section 205 of the Social Security Act, as amended, the Government Paperwork Elimination Act (P.L. 105-277), and the Federal Information Security Management Act of 2002 (Title III) of the E-Government Act of 2002 (P.L. 107-347) authorize us to collect this information to permit access to our online applications for completing and submitting representative payee accounting forms electronically. Your responses are voluntary. However, without the information, we may not be able to continue sending the claimant's payments to you.

We rarely use the information you give us for any purpose other than for accounting purposes. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to, the following:

1. To comply with Federal laws requiring the release of information from Social Security records (e.g. to the Government Accountability Office and Department of Veterans Affairs);
2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs;
3. To respond to a request on your behalf from a Congressional office or the Office of the President; and
4. To other Federal agencies and our contractors, including external data sources, to assist us in efficiently administering our programs.

We may also use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Privacy Act System of Records Notice (SORN) entitled, Master Representative Payee File (60-0222). The complete SORN, additional information about the accounting process, routine uses of information, and our programs and systems are available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or your local 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 about 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***