

# Social Security Administration Representative Payee Report

## Why You Received This Form

We must regularly review how representative payees, including parents, stepparents, and grandparents with custody of minor children, used the benefits they received on behalf of the Social Security and/or Supplemental Security Income (SSI) beneficiaries. We do this to ensure the benefits are used properly. When you were appointed representative payee, you were informed of the duties and responsibilities of a representative payee, including keeping records and reporting on the use of benefits.

## What You Need To Do

You must report to SSA on your use of benefits if you received any Social Security and/or SSI payments during the 12 month period shown on the enclosed form. You must do this if you wish to continue receiving benefits on behalf of another person. You should use the records you have saved to answer the questions on the enclosed form.

The name(s) of the child(ren) we are asking about are shown in item 3 on the form. If you receive benefits for children not named in item 3, we will send you another form. Use this form only for the child(ren) named in item 3.

You may submit this form online via [www.socialsecurity.gov/payee](http://www.socialsecurity.gov/payee). Please follow the instructions for Internet Payee Accounting Report. If you complete the form online, you will be able to print a receipt and a copy of your report. If you report online, you should have all your records and the enclosed form handy to help you answer the questions. You should not send in a paper form if you complete the online version.

Any records you have saved such as bank statements, cancelled checks, receipts for rent, etc., should be kept for two years from the time you file your report with SSA. You should not send in any of these records with your report form. If we have any questions or require proof, we will contact you.

## General Instructions If You Complete and Return The Enclosed Form

Please read these instructions before you complete the enclosed report form or submit your report online. You should either complete and return the report form, or submit the online report, within 30 days.

To help us process your report, please follow these instructions:

1. Use black ink.
2. Keep your numbers and "X"s inside the boxes.
3. Do not use dollar signs.
4. Show money amounts in dollars only. Do not show cents.  
For example, show \$1,540.70 like this:

**DOLLAR AMOUNT**

		1	5	4	0
--	--	---	---	---	---

5. Use the REMARKS section on the back of the form to provide additional information as requested.
6. Review the payee mailing address and correct if necessary. If you change the payee mailing address to a P.O. Box, show the payee's actual physical address in REMARKS.
7. Be sure you, the representative payee, sign the form.

---

**Some  
Definitions  
To Help You**

**Benefits** - The Social Security and/or SSI money that you receive.

**Payee** - You. The person who receives Social Security and/or SSI benefits for someone else.

**Beneficiary** - The person for whom you receive Social Security and/or SSI benefits.

**Report Period** - The 12-month period shown on the report for which you must account for the benefits you received.

**Total Accountable Amount** - The amount of benefits paid to you during the report period **plus** any amount you reported as saved on last year's report.

---

**HOW TO FILL OUT THE FORM**

---

**QUESTION 1 -  
Payee Felony  
Convictions**

Place an "X" in the "YES" box if during the report period, you (the payee) were convicted of a crime considered to be a felony and explain the type of crime under REMARKS. Otherwise, place an "X" in the "NO" box.

---

**QUESTION 2 -  
Does The  
Child(ren)  
Live With You?**

Place an "X" in the "NO" box if **any** of the children named in item 3 did not live with you in **all** of the months in the report period **or any** of the children are not living with you now. Explain the change and provide the child(ren)'s current address under REMARKS.

**Note: Do not consider vacations, weekend or other short visits when you answer this question.**

---

**QUESTION 3 -  
Accounting  
For Benefits**

The total accountable amount includes the benefits you received during the report period **plus** any benefits you reported as saved on last year's report.

**A. Who Decided  
How Benefits  
Were Used?**

Place an "X" in the "YES" box if **you** (the payee) decided how to use the money. Place an "X" in the "NO" box if you turned over the full amount of benefits for any of the children to **another person** who decided how to use the money. Explain under REMARKS to whom the money was given and why.

**B. Amount  
Spent**

Show the total amount of benefits spent to care for all the children named in item 3. This amount includes food, housing, clothing, medical and dental expenses, recreation and education.

**C. Unused  
Benefits**

Show the amount of benefits you **saved** for the child(ren) at the end of the report period, including any interest earned. Show zeroes if you did not save any of the benefits.

---

---

**QUESTION 4 –  
Savings  
Information**

Answer this question if you showed an amount in 3.C.

**A. Type Of  
Account**

Place an "X" in the box which shows how you are saving the benefits. Place an "X" in the "Other" box if your method of saving the benefits is not listed.

**B. Account  
Title**

Place an "X" in the box which most accurately describes the account title you have on the child(ren)'s savings. Place an "X" in the "Other" box if the account title is different or if you have not placed the savings in any type of account. **Note: A savings or checking account title should always show that the money belongs to the child(ren), but the child(ren) should not have direct access to the funds.**

---

**QUESTION 5 –  
Other Savings/  
Account Titles**

Answer this question only if you checked "OTHER" in 4.A. or 4.B.

**Type Of  
Account**

Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment such as mutual funds. For mutual funds, be sure to show the name of the fund in your response (e.g., "XYZ Growth" mutual fund).

**Title Of  
Account**

Show the title of the account if the savings are in an account or other investment. Show "none" if the savings are not in an account or investment.

---

**6. Payee's  
Signature**

**Sign your name in this block.** If you sign by mark ("X"), please have two witnesses sign their names and show the date.

---

**Your Responsibilities  
As Representative  
Payee**

As payee, you must use the Social Security and SSI benefits you receive for the care and well being of the child(ren).

In addition to reporting on the use of benefits, you must report any changes which may affect the child's eligibility for benefits, or the payment amount.

You should report the changes as soon as possible by calling SSA at 1-800-772-1213, or by calling or writing your local SSA office.

Continued on the Next Page

---

**Your Responsibilities  
As Representative  
Payee (continued)**

For example, you must tell us if the child:

- moves,
- marries,
- goes to work,
- is adopted,
- is imprisoned, or
- you are no longer responsible for the child.

If you are payee for a child receiving SSI benefits, we may ask you for proof that the child is receiving medical treatment for his/her disabling condition. We may ask for this information at the time we review the child's case. If we do ask for this information, you must give it to us.

If you are no longer payee for the beneficiary, you must return any funds you have saved to SSA.

---

**See Revised Privacy Act Attached**

**The Privacy Act  
And Paperwork  
Reduction Act  
Statements**

We are required by sections 205(j) and 1631(a) of the Social Security Act to ask you to complete this report. The information you provide enables SSA to account for the child(ren)'s payments, and ensures that his/her needs are being met. If you do not complete and return this report, we may not be able to continue sending the child(ren)'s payments to you.

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.

**See Revised PRA Attached**

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 necessary facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235. Send only comments relating to our time estimate to this address, not the completed form.*

---

**If You Have  
Any Questions**

If you have any questions, please call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please use the 800 number and we will give you the address and telephone number of the office nearest you. Please take this report with you if you visit an office. You may also visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

---

6230



Copy of Mailer #8  
SECOND REQUEST

# Representative Payee Report

Social Security Administration, P.O. Box 6232, Wilkes-Barre, PA 18767-9979

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, 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. If you have already returned a report with the same report period as shown above, discard this report.

**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.

**3.** Benefits paid to you between \_\_\_\_\_ and \_\_\_\_\_ = \$ \_\_\_\_\_  
Benefits you reported as saved on last year's report. = \$ \_\_\_\_\_  
Total Accountable Amount = \$ \_\_\_\_\_

YES

NO

**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.

DOLLAR AMOUNT  
(NO CENTS)

**B.** How much of the \$ \_\_\_\_\_ did you use for the care and support of the child(ren) named below between \_\_\_\_\_ and \_\_\_\_\_ ? **→**

--	--	--	--	--	--	--	--	--	--

**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
		<input type="text"/>			<input type="text"/>
		<input type="text"/>			<input type="text"/>

**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	U.S. Savings Bonds	Certificates of Deposit	Treasury Bills	Other	Child(ren)'s Name by Your Name	Your Name for Child(ren)'s Name	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6230B



FOR SSA USE ONLY		
ATT <input type="checkbox"/>	MARK <input type="checkbox"/>	SIG <input type="checkbox"/>
UND1 <input type="checkbox"/>	UND2 <input type="checkbox"/>	OTH <input type="checkbox"/>

**5.** Answer the question only if you answered "OTHER" in 4.A. or 4.B. on the front page. If you answered "OTHER" in 4.A. or B., show the type of account or investment and the title of the account in which you saved each child's benefits.

CHILD'S NAME	TYPE OF ACCOUNT OR INVESTMENT	TITLE OF ACCOUNT

**REMARKS**

---



---



---



---



---



---

**NEW ADDRESS**

---



---



---

I 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 may face other penalties, or both.

<b>PAYEE'S SIGNATURE</b> <i>(If signed by mark (X), two witnesses must sign below)</i>	<b>DATE</b> <b>7.</b>
	<b>DAYTIME TELEPHONE NUMBER(S)</b> <i>(Include area code)</i> <b>8.</b> _____ <small>Area Code</small>

**WITNESS SIGNATURES ARE REQUIRED ONLY IF THE PAYEE'S SIGNATURE ABOVE HAS BEEN SIGNED BY MARK (X).**

SIGNATURE OF WITNESS	DATE
SIGNATURE OF WITNESS	DATE

*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**

Sections 205(j) and 1631(a) of the Social Security Act, as amended, authorize us to collect the information on this form. The information you provided enables us to account for the child(ren)'s payments and to ensure that you use the payments for the child(ren)'s needs.

Your responses are voluntary. However, without the information, we may not be able to continue sending the child(ren)'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 this form, 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. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*