Registration of Appointed Representatives

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Enter your full name:	
First name; middle initial, if any; las name; Suffix, if any	st
Other last name:	
For example, your name as shown on a recent letter from Social Security or your maiden name	
Enter Your Social Security number:	
Enter numbers without dashes, for example, 123456789	
Select your date of birth:	
	Exit Continue
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Note: If you are an authorized employee of a law firm, corporation, or other entity that has attorneys and/or non-attorney representatives as partners or employees who receive direct payments, you should not complete this particular tax form. You should complete the Form SSA-1694 Request for Business Entity Taxpayer Information.

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that have attorneys and/or non-attorney representatives as partners or employees who receive direct payment, that entity must also provide us with its taxpayer identification information using Form SSA-1694 Request for Business Entity Taxpayer Information.

Note: SSA does not issue appointed representative payments to business entities.

Who Should Complete this Form?

You should complete this if you are:

- · An attorney, or
- A non-attorney representative who is participating in the direct payment demonstration project.

What You Will Need

You will need to be prepared to provide us with the following information:

· Your tax mailing address,

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