

Registration of Appointed Representatives

Social Security Online
www.socialsecurity.govSocial Security Online Services

**Information We Need**

Please provide the following information:

Enter your full name:

First name; middle initial, if any; last name; Suffix, if any

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:

Registration of Appointed Representatives

**SSA-1699 Request for Appointed Representative's
Direct Payment Information**

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Welcome

In order to be compliant with the Internal Revenue Code (§ 6041 and § 6045) and to receive direct payment of fees, attorneys and direct payment project non-attorney representatives must provide us with taxpayer identification information.

As an added service, we are providing you with the ability to receive payments via direct deposit. At the end of the tax year, we will mail a Form 1099-MISC for direct payments to you that total \$600 or more in your work as an authorized representative.

If you are associated with a law firm, partnership, corporation, or multi-member LLCs/LLPs 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,
- Name and location of a court to which you have been admitted to practice law and are

Attorneys and Direct Payment Project Non-Attorney Appointed Representatives

First Time Users and Returning Users:

[Login to Register/Manage My SSA-1699
Direct Payment Information](#)

Prefer to send us the paper
form?

[SSA-1699](#)

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](#).

Related Links

Information About this Internet Application:
[Instructions for Alternative Views and
Navigation](#)

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