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

**Welcome Back!**  
Use the same information that you provided to us when you first registered to use this Internet application.

**Your Name:**    Jr. [More Info...](#)  
(First, Middle Initial, Last, Suffix) (Enter your name as it appears on your Social Security Card.)

**Your Social Security Number:**  [More Info...](#)

**Your Date of Birth:** Month  Day  Year  [More Info...](#)

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

**Steps:** 1 Enter Your Information 2 Review 3 Sign and Send 4 **Confirmation and Print Receipt**

**Confirmation - Successful Submission**

Thank You! We have received your Request for Appointed Representative's Taxpayer & Direct Deposit Information. We recommend that you print or save this page for your records. We have included the exact details of your submitted request.

You may return to this system to change the information on this request or to add a new business affiliation. However, for security reasons we will not be able to display all the information that you provided to us.

The Request for Appointed Representative's Taxpayer and Direct Deposit Information was received by Social Security on Wed Apr 12 09:37:45 EDT 2006, Eastern Time.

 [Print this Page](#)

About You		
Name:	Ima Representative, Jr.	
Social Security Number:	***-**-2222	
Tax Mailing Address: (We will send the 1099-MISC to this address)	124 Main St. Wayne, PA 09877	
Your Professional Information		
Registered to receive direct payments as:	An Attorney	
Admitted to practice law and am in good standing at the following court	Supreme Court of Virginia, Virginia	
Business Affiliation(s) In Your Work as an Appointed Representative		
About this Affiliation	Correspondence and Contact	Payment Preference
ABC Law Firm EIN: 11-1111111 Partner or Salaried Employee	123 Main St. Wayne, PA 09877 Tel: (111) 111-1111 x 246 Fax: (222) 222-2222	Direct Deposit to: Bank of America Account Type: Checking Routing #: 052000176 Account #: 12345678888
Signed via Electronic Signature, dated Wed Apr 12 09:37:45 EDT 2006		

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.  
For TDD/TTY call **1-800-325-0778**.

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

### Should You Use this Internet Application?

Not everyone will be able to use this online application. You must answer a few questions to help determine if you should use this Internet application.

The OMB control number for this Request for Appointed Representative's TIN and Direct Deposit Information is xxx-xxx, expiration date xdx/dxxxx.

**Are you registering to receive direct fee payments as an:**

- Attorney
- Non-attorney direct payment project participant
- Non-attorney representative - not eligible for direct payment
- Friend or Relative
- Claimant/Beneficiary

[More Info...](#)

**Your Name:**     Jr. [More Info...](#)  
(First, Middle Initial, Last, Suffix) (Enter your name as it appears on your Social Security Card.)

**Your Social Security Number:**  [More Info...](#)

**Your Date of Birth:** Month  Day  Year  [More Info...](#)

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

Steps: **1** Enter Your Information **2** Review **3** Sign and Send **4** Confirmation and Print Receipt

### Enter Your Taxpayer Identification Information

All items on this page are required.

#### About You

Name: Ima Representative, Jr.  
[More Info...](#)

Social Security Number: \*\*\*-\*\*-1111  
(This is your taxpayer identification number.)

Tax Mailing Address:  U.S. Address  Foreign Address  
(We will send the 1099-MISC to this address.)

(Street Address Line 1)

(Street Address Line 2)

(City, State)  AL

(ZIP/Postal Code, Country)

#### Your Professional Information

Are you registering to receive direct fee payments as an:  Attorney  Non-attorney direct payment project participant

Court to Which You Have Been Admitted to Practice Law  
(Provide us with the name and location of a court to which you have been admitted to practice law and are in good standing. If you practice in multiple courts, select one.)

Location:

Full Name:

#### Business Affiliation(s) in Your Work as an Appointed Representative

Provide us with information about ALL your existing business affiliations in your work as an appointed representative. You can add as many affiliations as necessary. For each of these affiliations, you will be able to specify a notice/payment address and your preferred payment method.

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

- Employer Identification Number (EIN) of the business entity(ies) that you are affiliated with (if applicable),
- Bank routing number and your account number if you choose to receive payments via direct deposit.


If you are a sole proprietor, single-member LLC or single-member LLP, that is your business affiliation.

[Add a Business Affiliation](#)  
You must have at least one business affiliation.

[Exit \(Without Saving\)](#)

[Continue to Step 2](#)

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.  
For TDD/TTY call **1-800-325-0778**.



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

**Steps:** 1 Enter Your Information 2 Review 3 Sign and Send 4 Confirmation and Print Receipt

**Enter Your Taxpayer Identification Information**  
All items on this page are required.

**About this Business**

**Your Business Situation:** [More Info...](#)  
 Sole Proprietor, Single-Member LLC/LLP  
 Partner or Salaried Employee

**Employer Identification Number (EIN) of Business Entity:**  [Lookup Business Name](#)

**Name of Business Entity:** <We will provide you with the name of the business based on the EIN you enter.>

**Correspondence and Contact Information**

**Notice and Payment Address:** [More Info...](#)  
 Same address as my tax mailing address  
 U.S. Address  Foreign Address

(Street Address Line 1)

(Street Address Line 2)

(City, State)

(ZIP/Postal Code, Country)

**Phone Number:**  U.S.  Foreign  
 (include area code) Ext:  (optional)

**Fax Number:** (optional)  U.S.  Foreign  
 (include country code)

**Payment Preference for Your Work With this Affiliation**

**What method of payment would you prefer for your work as an appointed representative in association with this business affiliation?** [More Info...](#)  
 Check  
 Direct Deposit to a U.S. Bank Account  
(We cannot process requests for direct deposit to foreign financial institutions via the Internet process at this time.)

**Your Direct Deposit Information:** [More Info...](#)  
**Type of Account:**  Checking  Savings

**Routing Number:**  [Lookup Bank Name](#)

**Account Number:**

**Bank Name:** <To prevent errors, we will look this up for you.>

I am listed as an owner or co-owner for the account information provided.


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

**Steps:** 1 Enter Your Information 2 Review 3 Sign and Send 4 Confirmation and Print Receipt

**Sign and Send**

 **Important: After you sign and send this information to us, we will not be able to display this information back to you using this Internet application.**

If you are ready to submit this Request for Appointed Representative's Taxpayer and Direct Deposit Information, read the statements below. Checking the box next to your name means that you agree with the statements and have signed this request.

I, **John Doe**, declare under penalty of perjury that I have examined all of the information on this request and it is true to the best of my knowledge. I am aware that if I knowingly and willingly make any false representation about any material fact provided herein or knowingly and willingly make any false representation to obtain information from Social Security records, and/or attempt to deceive the Social Security Administration as to my true identity, I could be criminally punished by a fine or imprisonment or both, and may be suspended or disqualified from practicing as a representative before the Social Security Administration.

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Social Security Online  
**Business Services Online**  
Social Security's Business Services Online (BSO)

### SSA-1694 Request for Business Taxpayer Identification

**Business Taxpayer Identification Information**

You must complete all items on this page.  
The OMB control number for this Request for Business Taxpayer Identification Number is xxx-xxx; expiration date xxx/xxx/xxx.

**Step 1. Complete All Information**

**Employer Identification Number (EIN):** 11-1111111  
(This is the EIN you provided during registration.)   
[More Info...](#)

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**Name of Business:** ABC Company  
(As shown on Federal tax documents, charter, or other legal document used in creating the business entity.)  
[More Info...](#)

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**Business Tax Mailing Address:**  U.S. Address  Foreign Address  
(We will send the 1099-MISC to this address.)

(Street Address Line 1)

(Street Address Line 2)

(City, State)

(ZIP/Postal Code, Country)

**Step 2. Sign this Request**

If you are ready to submit this Request for Business Taxpayer Identification Information, read the statement below. Checking the box next to your name means that you agree with the statement and have electronically signed this request.

I, **John Doe, on behalf of ABC Law Firm**, declare under penalty of perjury that I have examined all of the information on this request and it is true to the best of my knowledge. I am aware that if I knowingly and willingly make any false representation about any material fact provided herein or knowingly and willingly make any false representation to obtain information from Social Security records, and/or attempt to deceive the Social Security Administration as to my true identity, I could be criminally punished by a fine or imprisonment or both, and may be suspended or disqualified from conducting business with the Social Security Administration.

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.  
For TDD/TTY call **1-800-325-0778**.

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