



MY REPRESENTATIVE PAYEE ANNUAL ACCOUNTING (MYRPA) SCREEN PACKAGE

MYSSA - MYRPA



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1. Design Specification Document Version Information

The first release of this design specifications document as a project deliverable is numbered 1.0.

Subsequent revisions are numbered 1.1, 1.2, 1.3, etc. Content revisions are listed below with corresponding page numbers.


<i>Version Number</i>	<i>Date</i>	<i>Content Revisions</i>	<i>Page #</i>	<i>Revised by</i>
0.1	3/12/2018	N/A	N/A	N/A

2. Screen Designs and Component Descriptions

myRPA Teaser on mySSA Landing Page

2.1. Teaser - Due

Desktop



my Social Security

Mindy Smith | [Sign Out](#)

[My Home](#) | [Help Center](#) | [Security Settings](#) | [Message Center](#)

Overview

Welcome, Mindy! You last signed in on January 1, 2018 at 10:03AM EST.

You have 24 new messages!

Social Security Statement

A Message from the Acting Commissioner:
[▼ Your Social Security Statement ...](#)

Estimated Benefits at Full Retirement Age (67): **Not applicable**

Last Reported Earnings: **\$0 in 2017** | [View Earnings Record](#)

Benefits & Payments

You are receiving: **Social Security (Retirement)** | [View Benefit Details](#)

Your next payment is: **\$230.20 on January 26, 2018** | [View Payment History](#)

[Get a Benefit Verification Letter](#)
Need proof that you applied for Social Security benefits? Here's your official letter.

Representative Payee Annual Accounting

[Submit Annual Accounting Reports](#)

You currently have accounting reports that are due.

As a Representative Payee, you can submit annual accounting reports online for the beneficiaries you represent.

Report Wages

[Submit Pay Stub Information](#)

If you are a representative payee for someone receiving Social Security Disability, you may report their wages online.

Social Security Card Replacement

If you are not a U.S. citizen, you can request a [replacement card](#) through your [local office](#) or by [mail](#).

If you are a U.S. citizen, please notify your local office.


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Overview

- [Benefit & Payment Details](#)
- [Earnings Record](#)
- [Replacement Documents](#)
- [My Profile](#)

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MENU

Overview

Navigation ▾

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2.2. Teaser- Past Due

Desktop



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Overview

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Your next payment is: **\$230.20 on January 26, 2018** [View Payment History](#)

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Representative Payee Annual Accounting

[View Past Due Cases](#)

You currently have accounting reports that are past due.

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Report Wages

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If you are a representative payee for someone receiving Social Security Disability, you may report their wages online.

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2.3. Teaser-Due-and-Past Due

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[My Profile](#)

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Representative Payee Annual Accounting

[Submit Annual Accounting Reports](#)

You currently have accounting reports that are due and past due.

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2.4. Teaser-Not Due

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Overview

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Social Security Statement

A Message from the Acting Commissioner:
[▼ Your Social Security Statement ...](#)

Estimated Benefits at Full Retirement Age (67):	Not applicable
Last Reported Earnings:	\$0 in 2017 View Earnings Record

Overview

- [Benefit & Payment Details](#)
- [Earnings Record](#)
- [Replacement Documents](#)
- [My Profile](#)

Benefits & Payments

You are receiving:	Social Security (Retirement) View Benefit Details
Your next payment is:	\$230.20 on January 26, 2018 View Payment History

[Get a Benefit Verification Letter](#)
Need proof that you applied for Social Security benefits? Here's your official letter.

Representative Payee Annual Accounting

You do not have any accounting reports due at this time. You will be notified when they are due.

As a Representative Payee, when you have accounting reports due you can submit annual accounting reports online for the beneficiaries you represent.

Report Wages

[Submit Pay Stub Information](#)

If you are a representative payee for someone receiving Social Security Disability, you may report their wages online.

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Individual - Form 623

2.5. Teaser - Due

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- [My Profile](#)

Benefits & Payments

You are receiving:	Social Security (Retirement)	View Benefit Details
Your next payment is:	\$230.20 on January 26, 2018	View Payment History

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If you are a U.S. citizen, please notify your local office.

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2.6. Choose Beneficiary - Individual

Desktop



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Representative Payee Annual Accounting

Beneficiary Case List

Cases Due

An accounting report is due for the following beneficiaries.

i Please review. If you need to submit a report for a beneficiary who is not listed below, please [contact us](#).

Showing 1-5 of 10

Page of 2

Beneficiary Name and SSN ▾	Start Date	End Date	Actions
APPLE, JOHN (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JOHN (***-**-0000)			
DOE, STEVE (***-**-0000)			
DOE, SUSAN (***-**-0000)			
HILL, ALEX (***-**-0000)	11/01/2016	10/31/2017	Submit Report
HILL, JESSICA (***-**-0000)			
HILL, STEPHANIE (***-**-0000)			
REZNOR, TRENT (***-**-0000)	11/01/2016	10/31/2017	Submit Report

Showing 1-5 of 10

Page of 2

Past Due Cases

An accounting report is past due for the following beneficiaries.


i You must contact your local field office to submit a report.

Beneficiary Name and SSN ▾	Start Date	End Date	Actions
ALLSTATE, ADAM (***-**-0000)	02/01/2016	01/31/2017	Contact Us
CHRISTOS, MICHELLE (***-**-0000)	02/01/2016	01/31/2017	Contact Us
FARRELL, DAN (***-**-0000)	02/01/2016	01/31/2017	Contact Us
SILVERMAN, SHEILA (***-**-0000)	02/01/2016	01/31/2017	Contact Us

[Exit](#)

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MENU

Representative Payee Annual Accounting

Beneficiary Case List

Cases Due

An accounting report is due for the following beneficiaries.

i Please review. If you need to submit a report for a beneficiary who is not listed below, please [contact us](#).

Showing 1-5 of 10 Page of 2

Beneficiary Name and SSN
<p>APPLE, JOHN (***-**-0000)</p> <p>Start Date: 11/01/2016 End Date: 10/31/2017</p> <p>Actions: Submit Report</p>
+ DOE, JANE (***-**-0000)
+ DOE, JANE (***-**-0000) DOE, JOHN (***-**-0000) DOE, STEVE (***-**-0000) DOE, SUSAN (***-**-0000)
+ HILL, ALEX (***-**-0000) HILL, JESSICA (***-**-0000) HILL, STEPHANIE (***-**-0000)
+ REZNOR, TRENT (***-**-0000)

Showing 1-5 of 10 Page of 2

Past Due Cases

An accounting report is past due for the following beneficiaries.

i You must contact your local field office to submit a report.


Beneficiary Name and SSN
<p>ALLSTATE, ADAM (***-**-0000)</p> <p>Start Date: 02/01/2016 End Date: 01/31/2017</p> <p>Action: Contact Us</p>
+ CHRISTOS, MICHELLE (***-**-0000)
+ FARRELL, DAN (***-**-0000)
+ SILVERMAN, SHEILA (***-**-0000)

[Exit](#)

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2.7. Annual Accounting Form - Individual

Desktop

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Representative Payee Annual Accounting

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN	Start Date	End Date
APPLE, JOHN (***-**-0000)	11/01/2016	10/31/2017

Annual Accounting Report

Your Information

You received benefits between **11/01/2016** and **10/31/2017** for the beneficiary **JOHN APPLE**. You are required to complete this form.

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Your Daytime Phone Number

U.S. International

10-digit Number [Ext.](#)

Beneficiary Residential Information

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?

Yes No

Accounting Information

Benefits paid to you between 11/01/2016 and 10/31/2017
\$8,999

Benefits you reported as saved on last year's report
\$0

Total Accountable Amount (TAA)
\$8,999

Did you (the payee) decide how the \$8,999 was spent or saved?

Yes No

How much of the \$8,999 did you spend for the beneficiary's food and housing between **11/01/2016** and **10/31/2017**?

Amount on food/housing
Dollar amount (no cents)

\$

How much of the \$8,999 did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between **11/01/2016** and **10/31/2017**?

Amount on other
Dollar amount (no cents)

\$


Did you save any of the \$8,999 for the beneficiary as of the last month in the report period?

Yes No

[Next](#) [Previous](#) [Exit](#)

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 MENU

Representative Payee Annual Accounting

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN
<input checked="" type="radio"/> APPLE, JOHN (***-**-0000)
Start Date: 11/01/2016
End Date: 10/31/2017

Annual Accounting Report

Your Information

You received benefits between **11/01/2016** and **10/31/2017** for the beneficiary **JOHN APPLE**. You are required to complete this form.

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Your Daytime Phone Number

U.S. International

10-digit Number [Ext.](#)

Beneficiary Residential Information

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?

Yes No

Accounting Information

Benefits paid to you between 11/01/2016 and 10/31/2017
\$8,999

Benefits you reported as saved on last year's report
\$0

Total Accountable Amount (TAA)
\$8,999

Did you (the payee) decide how the \$8,999 was spent or saved?

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How much of the \$8,999 did you spend for the beneficiary's food and housing between **11/01/2016** and **10/31/2017**?

Amount on food/housing
Dollar amount (no cents)

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How much of the \$8,999 did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between **11/01/2016** and **10/31/2017**?

Amount on other
Dollar amount (no cents)

\$

Did you save any of the \$8,999 for the beneficiary as of the last month in the report period?

Yes No

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[Exit](#)

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2.7.1. Total Accountable Amount Information (TAA)

Desktop

Representative Payee Annual Accounting

Beneficiary Information

The current total benefits paid to you plus savings from last year.

The Total Accountable Amount (TAA) for this report is **\$8,999**.

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my Social Security MENU

Representative Payee

Beneficiary Information

The current total benefits paid to you plus savings from last year.

The Total Accountable Amount (TAA) for this report is **\$8,999**.

2.7.2. Your Information

Crime Information – Answer: No

Desktop

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Mobile - iPhone 6 Plus Portrait

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Crime Information – Answer: Yes

Desktop

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Explain Felony

210 characters maximum

Characters remaining: 210

Mobile - iPhone 6 Plus Portrait

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Explain Felony

210 characters maximum

Characters remaining: 210

Daytime Phone Information – Answer: U.S.

Desktop

Your Daytime Phone Number

U.S. International

10-digit Number [Ext.](#)

Mobile - iPhone 6 Plus Portrait

Your Daytime Phone Number

U.S. International

10-digit Number [Ext.](#)

Daytime Phone Information – Answer: International

Desktop

Your Daytime Phone Number

U.S. International

Country Code + Number Ext.

Mobile - iPhone 6 Plus Portrait

Your Daytime Phone Number

U.S. International

Country Code + Number Ext.

2.7.3. Beneficiary Residential Information

Answer: Yes

Desktop

Beneficiary Residential Information

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?

Yes No

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Beneficiary Residential Information

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?

Yes No

Answer: No

Desktop

Beneficiary Residential Information

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?

Yes No

Beneficiary Address

Country

Line 1 Line 2

City/Town State/Territory ZIP Code

Mobile - iPhone 6 Plus Portrait

Beneficiary Residential Information

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?

Yes No

Beneficiary Address

Country

Line 1

Line 2

City/Town

State/Territory

ZIP Code

2.7.4. Accounting Information

Explain Total Accountable Amount (TAA) Spent or Saved – Answer: Yes

Desktop

Did you (the payee) decide how the \$8,999 was spent or saved?

Yes No

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Did you (the payee) decide how the \$8,999 was spent or saved?

Yes No

Explain Total Accountable Amount (TAA) Spent or Saved – Answer: No

Desktop

Did you (the payee) decide how the \$8,999 was spent or saved?

Yes No

Explain who decided what was spent or saved.
210 characters maximum

Characters remaining: 210

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Did you (the payee) decide how the \$8,999 was spent or saved?

Yes No

Explain who decided what was spent or saved.
210 characters maximum

Characters remaining: 210

Amount Saved – Answer: No

Desktop

Did you save any of the \$8,999 for the beneficiary as of the last month in the report period?

Yes No

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Did you save any of the \$8,999 for the beneficiary as of the last month in the report period?

Yes No

Amount Saved – Answer: Yes

Desktop

Did you save any of the \$8,999 for the beneficiary as of the last month in the report period?

Yes No

How much of the \$8,999 did you **save** for the beneficiary as of the last month in the report period?

Amount saved
Dollar amount (no cents)

\$

Savings Information

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

Check all that apply

Savings or Checking Account

US Savings Bonds

Certificates of Deposits

Collective Savings or Checking Account

Treasury Bills

Other

How is the title of the account listed?
(Your name for JOHN APPLE) (JOHN APPLE by your name)

Your Name for Beneficiary's

Beneficiary's Name by Your Name

Other

Mobile - iPhone 6 Plus Portrait

Did you save any of the \$8,999 for the beneficiary as of the last month in the report period?

Yes No

How much of the \$8,999 did you **save** for the beneficiary as of the last month in the report period?

Amount saved
Dollar amount (no cents)

\$

Savings Information

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

Check all that apply

Savings or Checking Account

US Savings Bonds

Certificates of Deposits

Collective Savings or Checking Account

Treasury Bills

Other

How is the title of the account listed?
(Your name for JOHN APPLE) (JOHN APPLE by your name)


Your Name for Beneficiary's

Beneficiary's Name by Your Name

Other

2.8. Summary - Individual

Desktop

**my Social Security**Mindy Smith | [Sign Out](#)

Report Summary

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN	Start Date	End Date
APPLE, JOHN (***-**-0000)	11/01/2016	10/31/2017

Review and Submit

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

Your Information Edit

Were you convicted of a crime considered a felony during the reporting period shown above?
Yes
Explain Felony:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information Edit

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?
No
Beneficiary Address
**01 Main St
APT A
Ellicott City, MD 11111**

Accounting Information Edit

Did you (the payee) decide how the \$8,999 was spent or saved?
No
Explain who decided what was spent or saved:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
The amount spent for food and housing for the beneficiary:
\$33
The amount spent on other expenses for the beneficiary:
\$33
The amount saved for the beneficiary:
\$34

Savings Information Edit

Indicate how you are saving the \$100 on behalf of the beneficiary:
US Savings Bonds, Collective Savings or Checking Account
How is the title of the account listed?
Beneficiary's Name by Your Name

Agreement

I, MINDY 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.

***I have read and agree with the above statement.**


Submit Previous Exit

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 MENU

Report Summary

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN
APPLE, JOHN (***-**-0000)
Start Date: 11/01/2016
End Date: 10/31/2017

Review and Submit

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

Your Information [Edit](#)

Were you convicted of a crime considered a felony during the reporting period shown above?
Yes

Explain Felony:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information [Edit](#)

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?
No

Beneficiary Address
**01 Main St
APT A
Ellicott City, MD 11111**

Accounting Information [Edit](#)

Did you (the payee) decide how the \$8,999 was spent or saved?
No

Explain who decided what was spent or saved:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

The amount spent for food and housing for the beneficiary:
\$33

The amount spent on other expenses for the beneficiary:
\$33

The amount saved for the beneficiary:
\$34

Savings Information [Edit](#)

Indicate how you are saving the \$100 on behalf of the beneficiary.
US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?
Beneficiary's Name by Your Name

Agreement

I, MINDY 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.


I have read and agree with the above statement.

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2.9. Confirmation - Individual

Desktop




my Social Security


Mindy Smith | [Sign Out](#)

Report Confirmation

Confirmation

 **You have successfully submitted an annual accounting report on 12/01/2017 for JOHN APPLE.**


The accounting record has been updated for the reporting period of **11/01/2016** to **10/31/2017**.

 **There is no need to mail your paper form.**

[Done](#) [View Completed Report](#) [Submit Another Report](#)

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MENU

Report Confirmation

Confirmation

You have successfully submitted an annual accounting report on 12/01/2017 for JOHN APPLE.

The accounting record has been updated for the reporting period of **11/01/2016 to 10/31/2017**.

There is no need to mail your paper form.

Done


[View Completed Report](#)

[Submit Another Report](#)

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2.10. Choose Beneficiary - Processing - Individual

Desktop



my Social Security

Mindy Smith | [Sign Out](#)

Representative Payee Annual Accounting

Beneficiary Case List

Cases Due

An accounting report is due for the following beneficiaries.

i Please review. If you need to submit a report for a beneficiary who is not listed below, please [contact us](#).

Showing 1-5 of 10 Page of 2

Beneficiary Name and SSN ▾	Start Date	End Date	Actions
APPLE, JOHN (***-**-0000)	11/01/2016	10/31/2017	Processing
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JOHN (***-**-0000)			
DOE, STEVE (***-**-0000)			
DOE, SUSAN (***-**-0000)			
HILL, ALEX (***-**-0000)	11/01/2016	10/31/2017	Submit Report
HILL, JESSICA (***-**-0000)			
HILL, STEPHANIE (***-**-0000)			
REZNOR, TRENT (***-**-0000)	11/01/2016	10/31/2017	Submit Report

Showing 1-5 of 10 Page of 2

Past Due Cases

An accounting report is past due for the following beneficiaries.


i You must contact your local field office to submit a report.

Beneficiary Name and SSN ▾	Start Date	End Date	Actions
ALLSTATE, ADAM (***-**-0000)	02/01/2016	01/31/2017	Contact Us
CHRISTOS, MICHELLE (***-**-0000)	02/01/2016	01/31/2017	Contact Us
FARRELL, DAN (***-**-0000)	02/01/2016	01/31/2017	Contact Us
SILVERMAN, SHEILA (***-**-0000)	02/01/2016	01/31/2017	Contact Us

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MENU

Representative Payee Annual Accounting

Beneficiary Case List

Cases Due

An accounting report is due for the following beneficiaries.

i Please review. If you need to submit a report for a beneficiary who is not listed below, please [contact us](#).

Showing 1-5 of 10 Page of 2

Beneficiary Name and SSN
<p>APPLE, JOHN (***-**-0000)</p> <p>Start Date: 11/01/2016 End Date: 10/31/2017 Actions: Processing</p>
+ DOE, JANE (***-**-0000)
+ DOE, JANE (***-**-0000) DOE, JOHN (***-**-0000) DOE, STEVE (***-**-0000) DOE, SUSAN (***-**-0000)
+ HILL, ALEX (***-**-0000) HILL, JESSICA (***-**-0000) HILL, STEPHANIE (***-**-0000)
+ REZNOR, TRENT (***-**-0000)

Showing 1-5 of 10 Page of 2

Past Due Cases

An accounting report is past due for the following beneficiaries.

i You must contact your local field office to submit a report.

Beneficiary Name and SSN
<p>ALLSTATE, ADAM (***-**-0000)</p> <p>Start Date: 02/01/2016 End Date: 01/31/2017 Action: Contact Us</p>
+ CHRISTOS, MICHELLE (***-**-0000)
+ FARRELL, DAN (***-**-0000)
+ SILVERMAN, SHEILA (***-**-0000)

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2.11. Receipt - Individual

Desktop



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Representative Payee Annual Accounting Receipt

[Print this page](#)

Receipt

You have provided the answers below for John Apple.
Today's Date: **12/01/2017**

Your Information

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes

Explain Felony:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Your Daytime Phone Number:

(123) 456-7890 ext. Not Answered

Beneficiary Residential Information

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?

No

Beneficiary Address

**01 Main St
APT A
Ellicott City, MD 11111**

Accounting Information

Did you (the payee) decide how the \$8,999 was spent or saved?

No

Explain who decided what was spent or saved:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

The amount spent for food and housing for the beneficiary:

\$33

The amount spent on other expenses for the beneficiary:

\$33

The amount saved for the beneficiary:

\$34

Savings Information

Indicate how you are saving the \$100 on behalf of the beneficiary:


US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?

Beneficiary's Name by Your Name


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	MENU
Representative Payee Annual Accounting Receipt	
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Receipt You have provided the answers below for John Apple. Today's Date: 12/01/2017	
Your Information	
Were you convicted of a crime considered a felony during the reporting period shown above? Yes Explain Felony: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Your Daytime Phone Number: (123) 456-7890 ext. Not Answered	
Beneficiary Residential Information	
Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017? No Beneficiary Address 01 Main St APT A Ellicott City, MD 11111	
Accounting Information	
Did you (the payee) decide how the \$8,999 was spent or saved? No Explain who decided what was spent or saved: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. The amount spent for food and housing for the beneficiary: \$33 The amount spent on other expenses for the beneficiary: \$33 The amount saved for the beneficiary: \$34	
Savings Information	
Indicate how you are saving the \$100 on behalf of the beneficiary: US Savings Bonds, Collective Savings or Checking Account How is the title of the account listed? Beneficiary's Name by Your Name	
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2.12. Summary - Individual – With no Exception

Desktop

**my Social Security**Mindy Smith | [Sign Out](#)

Report Summary

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN	Start Date	End Date
APPLE, JOHN (***-**-0000)	11/01/2016	10/31/2017

Review and Submit

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

Your Information Edit

Were you convicted of a crime considered a felony during the reporting period shown above?
No

Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information Edit

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 08/01/2017 to 07/31/2018?
Yes

Accounting Information Edit

Did you (the payee) decide how the \$8,999 was spent or saved?
Yes

The amount spent for food and housing for the beneficiary:
\$33

The amount spent on other expenses for the beneficiary:
\$33

The amount saved for the beneficiary:
\$34

Savings Information Edit

Indicate how you are saving the \$100 on behalf of the beneficiary:
US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?
Beneficiary's Name by Your Name

Agreement

I, ABCDEFGH IJKLMNOP, 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.

***I have read and agree with the above statement.**


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 MENU

Report Summary

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN	
	APPLE, JOHN (***-**-0000)
Start Date:	11/01/2016
End Date:	10/31/2017

Review and Submit

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

Your Information [Edit](#)

Were you convicted of a crime considered a felony during the reporting period shown above?
No
Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information [Edit](#)

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 08/01/2017 to 07/31/2018?
Yes

Accounting Information [Edit](#)

Did you (the payee) decide how the \$8,999 was spent or saved?
Yes
The amount spent for food and housing for the beneficiary:
\$33
The amount spent on other expenses for the beneficiary:
\$33
The amount saved for the beneficiary:
\$34

Savings Information [Edit](#)

Indicate how you are saving the \$100 on behalf of the beneficiary:
US Savings Bonds, Collective Savings or Checking Account
How is the title of the account listed?
Beneficiary's Name by Your Name

Agreement

I, ABCDEFG H IJKLMNOP, 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.


***I have read and agree with the above statement.**

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2.13. Receipt - Individual - With no Exception

Desktop



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Representative Payee Annual Accounting Receipt

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Receipt

You have provided the answers below for John Apple.
Today's Date: **12/01/2017**

Your Information

Were you convicted of a crime considered a felony during the reporting period shown above?
No

Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017?
Yes

Accounting Information

Did you (the payee) decide how the \$8,999 was spent or saved?
Yes

The amount spent for food and housing for the beneficiary:
\$33

The amount spent on other expenses for the beneficiary:
\$33

The amount saved for the beneficiary:
\$34


Savings Information

Indicate how you are saving the \$100 on behalf of the beneficiary:
US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?
Beneficiary's Name by Your Name

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	MENU
Representative Payee Annual Accounting Receipt	
Print this page	
Receipt You have provided the answers below for John Apple. Today's Date: 12/01/2017	
Your Information	
Were you convicted of a crime considered a felony during the reporting period shown above? No	
Your Daytime Phone Number: (123) 456-7890 ext. Not Answered	
Beneficiary Residential Information	
Did the beneficiary continue to live alone, or with the same person, or in the same institution from 11/01/2016 to 10/31/2017? Yes	
Accounting Information	
Did you (the payee) decide how the \$8,999 was spent or saved? Yes	
The amount spent for food and housing for the beneficiary: \$33	
The amount spent on other expenses for the beneficiary: \$33	
The amount saved for the beneficiary: \$34	
Savings Information	
Indicate how you are saving the \$100 on behalf of the beneficiary: US Savings Bonds, Collective Savings or Checking Account	
How is the title of the account listed? Beneficiary's Name by Your Name	
Print this page	

Children - Form 6230

2.14. Teaser - Due

Desktop



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Mindy Smith | [Sign Out](#)

[My Home](#) | [Help Center](#) | [Security Settings](#) | [Message Center](#)

Overview

Welcome, Mindy! You last signed in on January 1, 2018 at 10:03AM EST.

You have 24 new messages!

Social Security Statement

A Message from the Acting Commissioner:

▼ [Your Social Security Statement ...](#)

Estimated Benefits at Full Retirement Age (67):	Not applicable	
Last Reported Earnings:	\$0 in 2017	View Earnings Record

Overview

- [Benefit & Payment Details](#)
- [Earnings Record](#)
- [Replacement Documents](#)
- [My Profile](#)

Benefits & Payments

You are receiving:	Social Security (Retirement)	View Benefit Details
Your next payment is:	\$230.20 on January 26, 2018	View Payment History

[Get a Benefit Verification Letter](#)

Need proof that you applied for Social Security benefits? Here's your official letter.

Representative Payee Annual Accounting

[Submit Annual Accounting Reports](#)

You currently have accounting reports that are due.

As a Representative Payee, you can submit annual accounting reports online for the beneficiaries you represent.

Report Wages

[Submit Pay Stub Information](#)

If you are a representative payee for someone receiving Social Security Disability, you may report their wages online.

Social Security Card Replacement


If you are not a U.S. citizen, you can request a [replacement card](#) through your [local office](#) or by [mail](#).

If you are a U.S. citizen, please notify your local office.

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MENU

Overview

Navigation ▾

Welcome, Mindy! You last signed in on January 1, 2018 at 10:03AM EST.

You have 24 new messages!

Social Security Statement

A Message from the Acting Commissioner:
▾ [Your Social Security Statement ...](#)

Estimated Benefits at Full Retirement Age (67):
Not applicable

Last Reported Earnings:
\$0 in 2017
[View Earnings Record](#)

Benefits & Payments

You are receiving:
Social Security (Retirement)
[View Benefit Details](#)

Your next payment is:
\$230.20 on January 26, 2018
[View Payment History](#)

[Get a Benefit Verification Letter](#)

Need proof that you applied for Social Security benefits? Here's your official letter.

Representative Payee Annual Accounting

[Submit Annual Accounting Reports](#)

You currently have accounting reports that are due.

As a Representative Payee, you can submit annual accounting reports online for the beneficiaries you represent.

Report Wages

[Submit Pay Stub Information](#)

If you are a representative payee for someone receiving Social Security Disability, you may report their wages online.

Social Security Card Replacement


If you are not a U.S. citizen, you can request a [replacement card](#) through your [local office](#) or by [mail](#).

If you are a U.S. citizen, please notify your local office.

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2.15. Choose Beneficiary - Children

Desktop



my Social Security

Mindy Smith | [Sign Out](#)

Representative Payee Annual Accounting

Beneficiary Case List

Cases Due

An accounting report is due for the following beneficiaries.

1 Please review. If you need to submit a report for a beneficiary who is not listed below, please [contact us](#).

Showing 1-5 of 10
Page of 2

Beneficiary Name and SSN ▾	Start Date	End Date	Actions
APPLE, JOHN (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JOHN (***-**-0000)			
DOE, STEVE (***-**-0000)			
DOE, SUSAN (***-**-0000)			
HILL, ALEX (***-**-0000)	11/01/2016	10/31/2017	Submit Report
HILL, JESSICA (***-**-0000)			
HILL, STEPHANIE (***-**-0000)			
REZNOR, TRENT (***-**-0000)	11/01/2016	10/31/2017	Submit Report

Showing 1-5 of 10
Page of 2

Past Due Cases

An accounting report is past due for the following beneficiaries.


1 You must contact your local field office to submit a report.

Beneficiary Name and SSN ▾	Start Date	End Date	Actions
ALLSTATE, ADAM (***-**-0000)	02/01/2016	01/31/2017	Contact Us
CHRISTOS, MICHELLE (***-**-0000)	02/01/2016	01/31/2017	Contact Us
FARRELL, DAN (***-**-0000)	02/01/2016	01/31/2017	Contact Us
SILVERMAN, SHEILA (***-**-0000)	02/01/2016	01/31/2017	Contact Us

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Representative Payee Annual Accounting

Beneficiary Case List

Cases Due

An accounting report is due for the following beneficiaries.

Please review. If you need to submit a report for a beneficiary who is not listed below, please [contact us](#).

Showing 1-5 of 10 Page of 2

Beneficiary Name and SSN ▾

- APPLE, JOHN (***-**-0000)
Start Date: 11/01/2016
End Date: 10/31/2017
Actions: [Submit Report](#)
- DOE, JANE (***-**-0000)
- DOE, JANE (***-**-0000)
DOE, JOHN (***-**-0000)
DOE, STEVE (***-**-0000)
DOE, SUSAN (***-**-0000)
Start Date: 11/01/2016
End Date: 10/31/2017
Actions: [Submit Report](#)
- HILL, ALEX (***-**-0000)
HILL, JESSICA (***-**-0000)
HILL, STEPHANIE (***-**-0000)
- REZNOR, TRENT (***-**-0000)

Showing 1-5 of 10 Page of 2

Past Due Cases

An accounting report is past due for the following beneficiaries.

You must contact your local field office to submit a report.

Beneficiary Name and SSN ▾


- ALLSTATE, ADAM (***-**-0000)
Start Date: 02/01/2016
End Date: 01/31/2017
Action: [Contact Us](#)
- CHRISTOS, MICHELLE (***-**-0000)
- FARRELL, DAN (***-**-0000)
- SILVERMAN, SHEILA (***-**-0000)

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2.16. Annual Accounting Form - Children

Desktop



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Mindy Smith | [Sign Out](#)

Representative Payee Annual Accounting

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN	Start Date	End Date
DOE, JANE (**-**-0000)	11/01/2016	10/31/2017
DOE, JOHN (**-**-0000)		
DOE, STEVE (**-**-0000)		
DOE, SUSAN (**-**-0000)		

Annual Accounting Report

Your Information

You received benefits between **11/01/2016** and **10/31/2017** for the child(ren) named above. You are required to complete this form.

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes
 No

Your Daytime Phone Number

U.S.
 International

10-digit Number [Ext.](#)

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?

Yes
 No

Accounting Information

Benefits paid to you between 11/01/2016 and 10/31/2017
\$8,999

Benefits you reported as saved on last year's report
\$0

Total Accountable Amount (TAA)
\$8,999

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?

Yes
 No

How much of the \$8,999 did you use for the care and support of the child(ren) named above between **11/01/2016** and **10/31/2017**?

Amount on care/support
Dollar amount (no cents)

\$


Did you save any of the \$8,999 for the child(ren) as of the last month in the report period?

Yes
 No

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 MENU

Representative Payee Annual Accounting

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN

- DOE, JANE (**-**-0000)
- DOE, JOHN (**-**-0000)
- DOE, STEVE (**-**-0000)
- DOE, SUSAN (**-**-0000)

Start Date: 11/01/2016
End Date: 10/31/2017

Annual Accounting Report

Your Information

You received benefits between **11/01/2016** and **10/31/2017** for the child(ren) named above. You are required to complete this form.

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Your Daytime Phone Number

U.S. International

10-digit Number [Ext.](#)

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?

Yes No

Accounting Information

Benefits paid to you between 11/01/2016 and 10/31/2017
\$8,999

Benefits you reported as saved on last year's report
\$0

Total Accountable Amount (TAA)
\$8,999

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?

Yes No

How much of the \$8,999 did you use for the care and support of the child(ren) named above between **11/01/2016** and **10/31/2017**?

Amount on care/support
Dollar amount (no cents)

\$

Did you save any of the \$8,999 for the child (ren) as of the last month in the report period?

Yes No

[Next](#)

[Previous](#)

[Exit](#)

OMB No. 0000-0000 | [Privacy Policy](#) | [Privacy Act Statement](#) | [Accessibility Help](#)

2.16.1. Total Accountable Amount Information (TAA)

Desktop

Representative Payee Annual Accounting

Beneficiary Information

The current total benefits paid to you plus savings from last year.

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Mobile - iPhone 6 Plus Portrait

my Social Security MENU

Representative Payee

Beneficiary Information

The current total benefits paid to you plus savings from last year.

The Total Accountable Amount (TAA) for this report is **\$8,999**.

2.16.2. Your Information

Crime Information – Answer: No

Desktop

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Mobile - iPhone 6 Plus Portrait

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Crime Information – Answer: Yes

Desktop

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Explain Felony

210 characters maximum

Characters remaining: 210

Mobile - iPhone 6 Plus Portrait

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes No

Explain Felony

210 characters maximum

Characters remaining: 210

Daytime Phone Information – Answer: U.S.

Desktop

Your Daytime Phone Number

U.S. International

10-digit Number Ext.

Mobile - iPhone 6 Plus Portrait

Your Daytime Phone Number

U.S. International

10-digit Number Ext.

Daytime Phone Information – Answer: International

Desktop

Your Daytime Phone Number

U.S. International

Country Code + Number Ext.

Mobile - iPhone 6 Plus Portrait

Your Daytime Phone Number

U.S. International

Country Code + Number Ext.

2.16.3. Beneficiary Residential Information

Answer: Yes

Desktop

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?

Yes No

Mobile - iPhone 6 Plus Portrait

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?

Yes No

Answer: No

Desktop

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?

Yes No

Beneficiary Address

Country

Line 1 Line 2

City/Town State/Territory ZIP Code

Mobile - iPhone 6 Plus Portrait

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?

Yes No

Beneficiary Address

Country

Line 1

Line 2

City/Town

State/Territory

ZIP Code

2.16.4. Accounting Information

Explain Total Accountable Amount (TAA) Spent or Saved – Answer: Yes

Desktop

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?

Yes No

Mobile - iPhone 6 Plus Portrait

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?

Yes No

Explain Total Accountable Amount (TAA) Spent or Saved – Answer: No

Desktop

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?

Yes No

Explain who decided what was spent or saved.
210 characters maximum

Characters remaining: 210

Mobile - iPhone 6 Plus Portrait

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?

Yes No

Explain who decided what was spent or saved.
210 characters maximum

Characters remaining: 210

Amount Saved – Answer: No

Desktop

Did you save any of the \$8,999 for the child(ren) as of the last month in the report period?

Yes No

Mobile - iPhone 6 Plus Portrait

Did you save any of the \$8,999 for the child (ren) as of the last month in the report period?

Yes No

Amount Saved – Answer: Yes

Desktop

Did you save any of the \$8,999 for the child(ren) as of the last month in the report period?

Yes No

How much, if any, of the \$8,999 did you **save** for each child named below as of the last month in the report period? If none, show zero.

Child(ren) Name and SSN	Amount Saved
DOE, JANE (**-**-0000)	<input type="text"/>
DOE, JOHN (**-**-0000)	<input type="text"/>
DOE, STEVE (**-**-0000)	<input type="text"/>
DOE, SUSAN (**-**-0000)	<input type="text"/>

Savings Information

Indicate how you are saving on behalf of the child(ren) listed above. If you have more than one account, you may mark more than one box.

Check all that apply

Savings or Checking Account

US Savings Bonds

Certificates of Deposits

Collective Savings or Checking Account

Treasury Bills

Other

How is the title of the account listed?
(Your name for child(ren)'s name) (Child(ren)'s name by your name)

Your Name for Child(ren)'s Name

Child(ren)'s Name by Your Name

Other

Mobile - iPhone 6 Plus Portrait

Did you save any of the \$8,999 for the child (ren) as of the last month in the report period?

Yes No

How much, if any, of the \$8,999 did you **save** for each child named below as of the last month in the report period? If none, show zero.

Beneficiary Name and SSN

DOE, JANE (**-**-0000)
Amount Saved:

DOE, JOHN (**-**-0000)
Amount Saved:

DOE, STEVE (**-**-0000)
Amount Saved:

DOE, SUSAN (**-**-0000)
Amount Saved:

Savings Information

Indicate how you are saving on behalf of the child(ren) listed above. If you have more than one account, you may mark more than one box.

Check all that apply

Savings or Checking Account

US Savings Bonds

Certificates of Deposits

Collective Savings or Checking Account

Treasury Bills

Other

How is the title of the account listed?
(Your name for child(ren)'s name) (Child(ren)'s name by your name)


Your Name for Child(ren)'s Name

Child(ren)'s Name by Your Name

Other

2.17. Summary - Children

Desktop


Mindy Smith | [Sign Out](#)

Report Summary

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN	Start Date	End Date
DOE, JANE (**-**-0000)	11/01/2016	10/31/2017
DOE, JOHN (**-**-0000)		
DOE, STEVE (**-**-0000)		
DOE, SUSAN (**-**-0000)		

Review and Submit

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

Your Information [Edit](#)

Were you convicted of a crime considered a felony during the reporting period shown above?
Yes

Explain Felony:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information [Edit](#)

Did all the children named above live with you from 11/01/2016 to 10/31/2017?
No

Beneficiary Address
**01 Main St
 APT A
 Ellicott City, MD 11111**

Accounting Information [Edit](#)

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?
No

Explain who decided what was spent or saved:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

The amount spent for care and support for the child(ren) named above:
\$8,999

The amount saved for each child named below as of the last month in the report period:

Child(ren) Name and SSN	Amount Saved
DOE, JANE (**-**-0000)	\$25
DOE, JOHN (**-**-0000)	\$25
DOE, STEVE (**-**-0000)	\$25
DOE, SUSAN (**-**-0000)	\$25

Savings Information [Edit](#)

Indicate how you are saving the \$100 on behalf of the child(ren) listed above:
US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?
Beneficiary's Name by Your Name

Agreement


I, MINDY 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.

***I have read and agree with the above statement.**

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 MENU

Report Summary

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN
DOE, JANE (**-**-0000)
DOE, JOHN (**-**-0000)
DOE, STEVE (**-**-0000)
DOE, SUSAN (**-**-0000)

Start Date: 11/01/2016
End Date: 10/31/2017

Review and Submit

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

Your Information [Edit](#)

Were you convicted of a crime considered a felony during the reporting period shown above?
Yes
Explain Felony:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information [Edit](#)

Did all the children named above live with you from 11/01/2016 to 10/31/2017?
No
Beneficiary Address:
**01 Main St
APT A
Ellicott City, MD 11111**

Accounting Information [Edit](#)

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?
No
Explain who decided what was spent or saved:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
The amount spent for care and support for the child(ren) named above:
\$8,899
The amount saved for each child named below as of the last month in the report period:

Beneficiary Name and SSN	Amount Saved
DOE, JANE (**-**-0000)	\$25
DOE, JOHN (**-**-0000)	\$25
DOE, STEVE (**-**-0000)	\$25
DOE, SUSAN (**-**-0000)	\$25

Savings Information [Edit](#)

Indicate how you are saving the \$100 on behalf of the child(ren) listed above:
US Savings Bonds, Collective Savings or Checking Account
How is the title of the account listed?
Beneficiary's Name by Your Name

Agreement

I, MINDY 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.


***I have read and agree with the above statement.**

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2.18. Confirmation - Children

Desktop




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Report Confirmation

Confirmation

 **You have successfully submitted an annual accounting report on 12/01/2017 for JANE DOE, JOHN DOE, STEVE DOE, and SUSAN DOE.**


The accounting record has been updated for the reporting period of **11/01/2016** to **10/31/2017**.

 **There is no need to mail your paper form.**

[Done](#) [View Completed Report](#) [Submit Another Report](#)

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Mobile - iPhone 6 Plus Portrait

MENU

Report Confirmation

Confirmation

You have successfully submitted an annual accounting report on 12/01/2017 for JANE DOE, JOHN DOE, STEVE DOE, and SUSAN DOE.

The accounting record has been updated for the reporting period of **11/01/2016 to 10/31/2017**.

There is no need to mail your paper form.

Done

[View Completed Report](#)


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2.19. Choose Beneficiary-Processing - Children

Desktop



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Representative Payee Annual Accounting

Beneficiary Case List

Cases Due

An accounting report is due for the following beneficiaries.

i Please review. If you need to submit a report for a beneficiary who is not listed below, please [contact us](#).

Showing **1-5** of **10**
Page of 2

Beneficiary Name and SSN ▾	Start Date	End Date	Actions
APPLE, JOHN (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	Submit Report
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	Processing
DOE, JOHN (***-**-0000)			
DOE, STEVE (***-**-0000)			
DOE, SUSAN (***-**-0000)			
HILL, ALEX (***-**-0000)	11/01/2016	10/31/2017	Submit Report
HILL, JESSICA (***-**-0000)			
HILL, STEPHANIE (***-**-0000)			
REZNOR, TRENT (***-**-0000)	11/01/2016	10/31/2017	Submit Report

Showing **1-5** of **10**
Page of 2

Past Due Cases

An accounting report is past due for the following beneficiaries.


i You must contact your local field office to submit a report.

Beneficiary Name and SSN ▾	Start Date	End Date	Actions
ALLSTATE, ADAM (***-**-0000)	02/01/2016	01/31/2017	Contact Us
CHRISTOS, MICHELLE (***-**-0000)	02/01/2016	01/31/2017	Contact Us
FARRELL, DAN (***-**-0000)	02/01/2016	01/31/2017	Contact Us
SILVERMAN, SHEILA (***-**-0000)	02/01/2016	01/31/2017	Contact Us

[Exit](#)

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MENU

Representative Payee Annual Accounting

Beneficiary Case List

Cases Due

An accounting report is due for the following beneficiaries.

i Please review. If you need to submit a report for a beneficiary who is not listed below, please [contact us](#).

Showing 1-5 of 10 Page of 2

Beneficiary Name and SSN ▾

- APPLE, JOHN (***-**-0000)
Start Date: 11/01/2016
End Date: 10/31/2017
Actions: [Submit Report](#)
- DOE, JANE (***-**-0000)
- DOE, JANE (***-**-0000)
DOE, JOHN (***-**-0000)
DOE, STEVE (***-**-0000)
DOE, SUSAN (***-**-0000)
Start Date: 11/01/2016
End Date: 10/31/2017
Actions: [Processing](#)
- HILL, ALEX (***-**-0000)
HILL, JESSICA (***-**-0000)
HILL, STEPHANIE (***-**-0000)
- REZNOR, TRENT (***-**-0000)

Showing 1-5 of 10 Page of 2

Past Due Cases

An accounting report is past due for the following beneficiaries.

i You must contact your local field office to submit a report.

Beneficiary Name and SSN ▾

- ALLSTATE, ADAM (***-**-0000)
Start Date: 02/01/2016
End Date: 01/31/2017
Action: [Contact Us](#)
- CHRISTOS, MICHELLE (***-**-0000)
- FARRELL, DAN (***-**-0000)
- SILVERMAN, SHEILA (***-**-0000)

[Exit](#)

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2.20. Receipt - Children

Desktop



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Representative Payee Annual Accounting Receipt

[Print this page](#)

Receipt

You have provided the answers below for JANE DOE, JOHN DOE, STEVE DOE, and SUSAN DOE.

Today's Date: **12/01/2017**

Your Information

Were you convicted of a crime considered a felony during the reporting period shown above?

Yes

Explain Felony:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Your Daytime Phone Number:

(123) 456-7890 ext. Not Answered

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?

No

Beneficiary Address

01 Main St

APT A

Ellicott City, MD 11111

Accounting Information

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?

No

Explain who decided what was spent or saved:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

The amount spent for care and support for the child(ren) named above:

\$8,899

The amount saved for each child named below as of the last month in the report period:

Child(ren) Name and SSN	Amount Saved
DOE, JANE (***-**-0000)	\$25
DOE, JOHN (***-**-0000)	\$25
DOE, STEVE (***-**-0000)	\$25
DOE, SUSAN (***-**-0000)	\$25

Savings Information

Indicate how you are saving the \$100 on behalf of the beneficiary:


US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?

Beneficiary's Name by Your Name

[Print this page](#)

Mobile - iPhone 6 Plus Portrait

 MENU

Representative Payee Annual Accounting Receipt

[Print this page](#)

Receipt

You have provided the answers below for JANE DOE, JOHN DOE, STEVE DOE, and SUSAN DOE.
Today's Date: **12/01/2017**

Your Information

Were you convicted of a crime considered a felony during the reporting period shown above?
Yes
Explain Felony:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?
No

Beneficiary Address
**01 Main St
APT A
Ellicott City, MD 11111**

Accounting Information

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?
No
Explain who decided what was spent or saved:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

The amount spent for care and support for the child(ren) named above:
\$8,899

The amount saved for each child named below as of the last month in the report period:

Beneficiary Name and SSN	Amount Saved
DOE, JANE (**-**-0000)	\$25
DOE, JOHN (**-**-0000)	\$25
DOE, STEVE (**-**-0000)	\$25
DOE, SUSAN (**-**-0000)	\$25

Savings Information


Indicate how you are saving the \$100 on behalf of the beneficiary:
US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?
Beneficiary's Name by Your Name

[Print this page](#)

2.21. Summary - Children - With no Exception

Desktop

**my Social Security**Mindy Smith | [Sign Out](#)

Report Summary

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN	Start Date	End Date
DOE, JANE (***)-**-0000)	11/01/2016	10/31/2017
DOE, JOHN (***)-**-0000)		
DOE, STEVE (***)-**-0000)		
DOE, SUSAN (***)-**-0000)		

Review and Submit

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

Your Information

[Edit](#)

Were you convicted of a crime considered a felony during the reporting period shown above?
No

Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information

[Edit](#)

Did all the children named above live with you from 11/01/2016 to 10/31/2017?
Yes

Accounting Information

[Edit](#)

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?
Yes

The amount spent for care and support for the child(ren) named above:
\$8,899

The amount saved for each child named below as of the last month in the report period:

Child(ren) Name and SSN	Amount Saved
DOE, JANE (***)-**-0000)	\$25
DOE, JOHN (***)-**-0000)	\$25
DOE, STEVE (***)-**-0000)	\$25
DOE, SUSAN (***)-**-0000)	\$25

Savings Information

[Edit](#)

Indicate how you are saving the \$100 on behalf of the beneficiary:
US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?
Beneficiary's Name by Your Name

Agreement


I, MINDY 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.

*I have read and agree with the above statement.

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Mobile - iPhone 6 Plus Portrait

 MENU

Report Summary

Beneficiary Information

The Total Accountable Amount (TAA) for this report is **\$8,999**.

Beneficiary Name and SSN
DOE, JANE (***.**-0000)
DOE, JOHN (***.**-0000)
DOE, STEVE (***.**-0000)
DOE, SUSAN (***.**-0000)

Start Date: 11/01/2016
End Date: 10/31/2017

Review and Submit

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

Your Information [Edit](#)

Were you convicted of a crime considered a felony during the reporting period shown above?
No

Your Daytime Phone Number:
(123) 456-7890 ext. Not Answered

Beneficiary Residential Information [Edit](#)

Did all the children named above live with you from 11/01/2016 to 10/31/2017?
Yes

Accounting Information [Edit](#)

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?
Yes

The amount spent for care and support for the child (ren) named above:
\$8,999

The amount saved for each child named below as of the last month in the report period:

Beneficiary Name and SSN	Amount Saved
DOE, JANE (***.**-0000)	\$25
DOE, JOHN (***.**-0000)	\$25
DOE, STEVE (***.**-0000)	\$25
DOE, SUSAN (***.**-0000)	\$25

Savings Information [Edit](#)

Indicate how you are saving the \$100 on behalf of the beneficiary:
US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?
Beneficiary's Name by Your Name

Agreement

I, MINDY 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.

***I have read and agree with the above statement.**

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2.22. Receipt - Children – With no Exception

Desktop



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Representative Payee Annual Accounting Receipt

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Receipt

You have provided the answers below for JANE DOE, JOHN DOE, STEVE DOE, and SUSAN DOE.

Today's Date: **12/01/2017**

Your Information

Were you convicted of a crime considered a felony during the reporting period shown above?

No

Your Daytime Phone Number:

(123) 456-7890 ext. Not Answered

Beneficiary Residential Information

Did all the children named above live with you from 11/01/2016 to 10/31/2017?

Yes

Accounting Information

Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above?

Yes

The amount spent for care and support for the child(ren) named above:

\$8,899

The amount saved for each child named below as of the last month in the report period:

Child(ren) Name and SSN	Amount Saved
DOE, JANE (***)-(**)-0000)	\$25
DOE, JOHN (***)-(**)-0000)	\$25
DOE, STEVE (***)-(**)-0000)	\$25
DOE, SUSAN (***)-(**)-0000)	\$25

Savings Information

Indicate how you are saving the \$100 on behalf of the beneficiary:


US Savings Bonds, Collective Savings or Checking Account

How is the title of the account listed?

Beneficiary's Name by Your Name

[Print this page](#)

Mobile - iPhone 6 Plus Portrait

	MENU					
Representative Payee Annual Accounting Receipt						
Print this page						
Receipt You have provided the answers below for JANE DOE, JOHN DOE, STEVE DOE, and SUSAN DOE. Today's Date: 12/01/2017						
Your Information						
Were you convicted of a crime considered a felony during the reporting period shown above? No						
Your Daytime Phone Number: (123) 456-7890 ext. Not Answered						
Beneficiary Residential Information						
Did all the children named above live with you from 11/01/2016 to 10/31/2017? Yes						
Accounting Information						
Did you (the payee) decide how the \$8,999 was spent or saved for all the children named above? Yes						
The amount spent for care and support for the child(ren) named above: \$8,899						
The amount saved for each child named below as of the last month in the report period:						
<table border="1"><tr><td>Beneficiary Name and SSN ▾</td></tr><tr><td>DOE, JANE (***)-(**)-0000 Amount Saved: \$25</td></tr><tr><td>DOE, JOHN (***)-(**)-0000 Amount Saved: \$25</td></tr><tr><td>DOE, STEVE (***)-(**)-0000 Amount Saved: \$25</td></tr><tr><td>DOE, SUSAN (***)-(**)-0000 Amount Saved: \$25</td></tr></table>		Beneficiary Name and SSN ▾	DOE, JANE (***)-(**)-0000 Amount Saved: \$25	DOE, JOHN (***)-(**)-0000 Amount Saved: \$25	DOE, STEVE (***)-(**)-0000 Amount Saved: \$25	DOE, SUSAN (***)-(**)-0000 Amount Saved: \$25
Beneficiary Name and SSN ▾						
DOE, JANE (***)-(**)-0000 Amount Saved: \$25						
DOE, JOHN (***)-(**)-0000 Amount Saved: \$25						
DOE, STEVE (***)-(**)-0000 Amount Saved: \$25						
DOE, SUSAN (***)-(**)-0000 Amount Saved: \$25						
Savings Information						
Indicate how you are saving the \$100 on behalf of the beneficiary: US Savings Bonds, Collective Savings or Checking Account						
How is the title of the account listed? Beneficiary's Name by Your Name						
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3. Appendix A - UXG Contact Information for Analysts, Developers and Others

For information about any of the content included in this design specifications document, contact the User Experience Group (UXG) Project Lead for this project and/or the appropriate project team member (for some projects a UXG designer may have specialized knowledge of one or more parts of the design).

To ensure a timely response to your inquiry in case of absence, please cc the UXG Team Lead.

Name	Project Role	Email	Phone	Specialized Project Knowledge
Sylvie K. Williams	UXG Team Lead	Sylvie.K.Williams@ssa.gov	(410) 5974316	All
Yuting Sun	UXG Project Lead	Yuting.Sun@ssa.gov	(410) 965-6756	All
Sepideh Ansari	UXG Designer	Sepideh.Ansari@ssa.gov	(410) 265-4591	All