

Representative Payee Report

Social Security Administration, P.O. Box 6230, Wilkes-Barre, PA 18767-9956

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.

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 = \$ _____

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.

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. **↩**

YES **NO**

DOLLAR AMOUNT (NO CENTS)

[][][] , [][][]

BIC	CHILD'S NAME	DOLLAR AMOUNT	BIC	CHILD'S NAME	DOLLAR AMOUNT
		[][][] , [][][]			[][][] , [][][]
		[][][] , [][][]			[][][] , [][][]

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.

PAYEE'S SIGNATURE
(If signed by mark ("X"), two witnesses must sign below)

DATE
7. _____

DAYTIME TELEPHONE NUMBER(S)
(Include area code)

8. _____
 Area Code

6.

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