



# 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](#)

## Mobile - iPhone 6 Plus Portrait

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**


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## 2.2. Teaser- Past Due

### Desktop

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#### 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):	<b>Not applicable</b>
Last Reported Earnings:	<b>\$0 in 2017</b> <a href="#">View Earnings Record</a>

#### Benefits & Payments

You are receiving:	<b>Social Security (Retirement)</b> <a href="#">View Benefit Details</a>
Your next payment is:	<b>\$230.20 on January 26, 2018</b> <a href="#">View Payment History</a>

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

#### Representative Payee Annual Accounting

[View Past Due Cases](#)

You currently have accounting reports that are past due.

As a representative payee, it is your responsibility to submit annual accounting reports 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](#).

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- [Replacement Documents](#)
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## Mobile - iPhone 6 Plus Portrait

 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**

[View Past Due Cases](#)

You currently have accounting reports that are past due.

As a representative payee, it is your responsibility to submit annual accounting reports 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](#).


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## 2.3. Teaser-Due-and-Past Due

### Desktop

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#### 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):	<b>Not applicable</b>
Last Reported Earnings:	<b>\$0 in 2017</b> <a href="#">View Earnings Record</a>

#### Benefits & Payments

You are receiving:	<b>Social Security (Retirement)</b> <a href="#">View Benefit Details</a>
Your next payment is:	<b>\$230.20 on January 26, 2018</b> <a href="#">View Payment History</a>

[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 and past 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](#).

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- [Replacement Documents](#)
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## Mobile - iPhone 6 Plus Portrait

 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 and past 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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## 2.4. Teaser-Not Due

### Desktop



**my Social Security**

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#### 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

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.

#### 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](#).

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## Mobile - iPhone 6 Plus Portrait

 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**

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](#)

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**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](#).


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# Individual - Form 623

## 2.5. Teaser - Due

### Desktop



my Social Security

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[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):	<b>Not applicable</b>	
Last Reported Earnings:	<b>\$0 in 2017</b>	<a href="#">View Earnings Record</a>

#### Overview

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

#### Benefits & Payments

You are receiving:	<b>Social Security (Retirement)</b>	<a href="#">View Benefit Details</a>
Your next payment is:	<b>\$230.20 on January 26, 2018</b>	<a href="#">View Payment History</a>

[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](#).

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## Mobile - iPhone 6 Plus Portrait

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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## 2.6. Choose Beneficiary - 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	<a href="#">Submit Report</a>
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	<a href="#">Submit Report</a>
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	<a href="#">Submit Report</a>
DOE, JOHN (***-**-0000)			
DOE, STEVE (***-**-0000)			
DOE, SUSAN (***-**-0000)			
HILL, ALEX (***-**-0000)	11/01/2016	10/31/2017	<a href="#">Submit Report</a>
HILL, JESSICA (***-**-0000)			
HILL, STEPHANIE (***-**-0000)			
REZNOR, TRENT (***-**-0000)	11/01/2016	10/31/2017	<a href="#">Submit Report</a>

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	<a href="#">Contact Us</a>
CHRISTOS, MICHELLE (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
FARRELL, DAN (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
SILVERMAN, SHEILA (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>

[Exit](#)

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### Mobile - iPhone 6 Plus Portrait

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 1 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)
- HILL, ALEX (\*\*\*-\*\*-0000)  
HILL, JESSICA (\*\*\*-\*\*-0000)  
HILL, STEPHANIE (\*\*\*-\*\*-0000)
- REZNOR, TRENT (\*\*\*-\*\*-0000)

Showing 1-5 of 10 Page 1 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)


[Exit](#)

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## 2.7. Annual Accounting Form - Individual

### Desktop

**my Social Security**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
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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## Mobile - iPhone 6 Plus Portrait

 MENU

### Representative Payee Annual Accounting

#### Beneficiary Information

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

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

### 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**.

## 2.7.2. 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

#### 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

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

United States or U.S. Territory

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

United States or U.S. Territory

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

#### Mobile - iPhone 6 Plus Portrait

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

### Mobile - iPhone 6 Plus Portrait

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

### 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

## 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](#)
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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**.

<b>Beneficiary Name and SSN</b>
APPLE, JOHN (***-**-0000)
<b>Start Date:</b> 11/01/2016
<b>End Date:</b> 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](#)  
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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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**Mobile - iPhone 6 Plus Portrait**

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 <span style="border: 1px solid #ccc; padding: 2px 5px;">1</span> of 2		
Beneficiary Name and SSN ▾	Start Date	End Date	Actions
APPLE, JOHN (***-**-0000)	11/01/2016	10/31/2017	<span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">Processing</span>
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	<span style="border: 1px solid #0070C0; padding: 2px 5px; border-radius: 3px;">Submit Report</span>
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	<span style="border: 1px solid #0070C0; padding: 2px 5px; border-radius: 3px;">Submit Report</span>
DOE, JOHN (***-**-0000)			
DOE, STEVE (***-**-0000)			
DOE, SUSAN (***-**-0000)			
HILL, ALEX (***-**-0000)	11/01/2016	10/31/2017	<span style="border: 1px solid #0070C0; padding: 2px 5px; border-radius: 3px;">Submit Report</span>
HILL, JESSICA (***-**-0000)			
HILL, STEPHANIE (***-**-0000)			
REZNOR, TRENT (***-**-0000)	11/01/2016	10/31/2017	<span style="border: 1px solid #0070C0; padding: 2px 5px; border-radius: 3px;">Submit Report</span>

Showing 1-5 of 10	Page <span style="border: 1px solid #ccc; padding: 2px 5px;">1</span> 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	<a href="#">Contact Us</a>
CHRISTOS, MICHELLE (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
FARRELL, DAN (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
SILVERMAN, SHEILA (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>

Exit

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### Mobile - iPhone 6 Plus Portrait

 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 1 of 2

**Beneficiary Name and SSN** ▾

- APPLE, JOHN (\*\*\*-\*\*-0000)  
**Start Date:** 11/01/2016  
**End Date:** 10/31/2017  
**Actions:** [Processing](#)
- 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 1 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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## 2.11. Receipt - Individual

### Desktop



**my** Social Security

### 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**


[Print this page](#)

**Mobile - iPhone 6 Plus Portrait**

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

## 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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OS/ES/DUAPS/USSB/UXG

30


## 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	
	APPLE, JOHN (***-**-0000)
<b>Start Date:</b>	11/01/2016
<b>End Date:</b>	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.**

[Submit](#)  
[Previous](#)  
[Exit](#)

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## 2.13. Receipt - Individual - With no Exception

### Desktop



**my** Social Security

### 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](#)




**Mobile - iPhone 6 Plus Portrait**

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

# Children - Form 6230

## 2.14. 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):	<b>Not applicable</b>	
Last Reported Earnings:	<b>\$0 in 2017</b>	<a href="#">View Earnings Record</a>

#### Overview

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

#### Benefits & Payments

You are receiving:	<b>Social Security (Retirement)</b>	<a href="#">View Benefit Details</a>
Your next payment is:	<b>\$230.20 on January 26, 2018</b>	<a href="#">View Payment History</a>

[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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## Mobile - iPhone 6 Plus Portrait

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.

**ⓘ 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	<a href="#">Submit Report</a>
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	<a href="#">Submit Report</a>
DOE, JANE (***-**-0000)	11/01/2016	10/31/2017	<a href="#">Submit Report</a>
DOE, JOHN (***-**-0000)			
DOE, STEVE (***-**-0000)			
DOE, SUSAN (***-**-0000)			
HILL, ALEX (***-**-0000)	11/01/2016	10/31/2017	<a href="#">Submit Report</a>
HILL, JESSICA (***-**-0000)			
HILL, STEPHANIE (***-**-0000)			
REZNOR, TRENT (***-**-0000)	11/01/2016	10/31/2017	<a href="#">Submit Report</a>

Showing 1-5 of 10
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#### 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 ▾	Start Date	End Date	Actions
ALLSTATE, ADAM (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
CHRISTOS, MICHELLE (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
FARRELL, DAN (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
SILVERMAN, SHEILA (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>

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### Mobile - iPhone 6 Plus Portrait

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:** [Submit Report](#)
- +** HILL, ALEX (\*\*\*-\*\*-0000)  
HILL, JESSICA (\*\*\*-\*\*-0000)  
HILL, STEPHANIE (\*\*\*-\*\*-0000)
- +** REZNOR, TRENT (\*\*\*-\*\*-0000)

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###### 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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---

### 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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### Mobile - iPhone 6 Plus Portrait

 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

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## 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

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


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---

#### 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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Mindy Smith | [Sign Out](#)

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

Showing **1-5** of **10**
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#### 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	<a href="#">Contact Us</a>
CHRISTOS, MICHELLE (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
FARRELL, DAN (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>
SILVERMAN, SHEILA (***-**-0000)	02/01/2016	01/31/2017	<a href="#">Contact Us</a>

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### Mobile - iPhone 6 Plus Portrait

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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** ▾

- 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)


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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**

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## Mobile - iPhone 6 Plus Portrait

 MENU

### 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?  
**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**

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## 2.21. Summary - Children - With no Exception

### Desktop

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---

#### 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:  
**\$8,999**

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 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



**my** Social Security

### 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**

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### 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:

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

##### 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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