


# iRPA Welcome Screen

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Official Social Security Website

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## Internet Representative Payee Accounting Report

Representative Payee Home

Organizational Payee

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Form Approved: OMB No. 0960-0068  
Expires 07/31/2017

**To start**

You must be 18 or older to complete the Representative Payee Accounting Report online. If you are under 18 and a representative payee, you must complete the paper Representative Payee Report form you received in the mail and return it to the address shown on the form.

You will need to have the report that you received in the mail to access your beneficiary's records. For security reasons, we will ask for information about unique codes on your report.

**Completing your report**

We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. For more information go to the [Paperwork Reduction Act](#).

You must complete this report in one sitting. If you do not complete the report, you cannot save your information. However, you can log-in again, and start your report from the beginning.

**When you finish**

After you complete your accounting update, you will get a confirmation number for your reference. We will save this information for 30 days in our records for your review.

**To Complete the Accounting Report...**

I am an existing user


I am a new user

**If you are a new user**

Selecting "Register" here will take you to a page called [Business Services Online \(BSO\)](#). BSO lets organizations AND individuals do business with and submit confidential information to Social Security. You must register using BSO before you can complete your accounting report online.

FOIA · Open Government · Glossary · Privacy · Report Fraud, Waste or Abuse · Site Map · Website Policies

Benefits.gov · Disability.gov · Healthcare.gov · MyMoney.gov · Regulations.gov · USA.gov · Other Government Sites




# Business Services Online Login Screen

Social Security Online  
www.socialsecurity.gov

Business Services Online  
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HELP

 **Log In to Online Services**

**Online Services Availability**

- Monday-Friday: 5 AM - 1 AM ET
- Saturday: 5 AM - 11 PM ET
- Sunday: 8 AM - 11:30 PM ET

**For your security, please log out of the application and close all Internet windows when you are finished.**

### New User?

You must create an account to use this website. Once you do, you will be provided a User ID to log in to our online services.

**To create new account you will need to:**

- Provide personal information
- Provide contact information
- Create your password and security questions

[Create Log In Account](#)

**Did you register with SSA by [phone or paper form](#) and need to create a password?**

### Existing User?

Please log in below:

**User ID:**

**Password:**

[Forgot user ID?](#)

[Forgot your password?](#)

**User Certification:**

I understand that the Social Security Administration (SSA) will validate the information I provide against the information in SSA's files.

I have read & agree to these terms.

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HELP


# Business Services Online Main Menu/iRPA Menu

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## Business Services Online

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### Main Menu

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ANNE BICKFORD  
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- [Enter Activation Code\(s\)](#)

Manage Employer Information

- [Add/Update Employer Information](#)
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Welcome, ANNE BICKFORD  
Your password expires on **April 14, 2014**

**Internet Representative Payee Accounting (IRPA)**  
File a Form SSA-623, SSA-6230, or SSA-6234 Representative Payee Reports electronically  
Submit and print representative payee accounting forms,  
Download submitted forms for up to 30 days after submission

Have a question? Call 1-800-772-6270 Monday through Friday, 7:00 a.m. to 7:00 p.m. Eastern Time to speak with Employer Customer Service personnel. For TDD/TTY call 1-800-325-0778.


www.socialsecurity.gov

Social Security Online

## Business Services Online

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### Internet Representative Payee Accounting

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Manage Account

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Manage Services

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Manage Employer Information

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**File a Representative Payee Accounting Report**  
File a Representative Payee Accounting Report

**View a Submitted Representative Payee Report**  
View a Submitted Representative Payee Report

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Have a question? Call 1-800-772-6270 Monday through Friday, 7:00 a.m. to 7:00 p.m. Eastern Time to speak with Employer Customer Service personnel. For TDD/TTY call 1-800-325-0778.

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# iRPA Access Screen

Social Security Online **Internet Representative Payee Accounting (iRPA)**

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Log Out

Access Beneficiary Data

STEP: **Access** Accounting Savings Summary Confirmation

**!** To access the period you want to update, you must enter information from the Representative Payee Report mailed to you by SSA for that reporting period.

The picture below shows the locations of the SSN, ID, TAA, and BIC codes on a sample Representative Payee Report. Use the codes written on the actual report you received from SSA.

PAYEE NAME AND ADDRESS: FOR ABC GROUP  
1234 ANY ROAD ST  
ANYTOWN, MD 00001

REPORT PERIOD: FROM 08/01/2003 TO 07/31/2004

BENEFICIARY: JOHN DOE

SOCIAL SECURITY NUMBER: 123-45-6789

ID	BIC	D	TP	CC	GS	PC	DOC
C1	C1	Y	REL	PYE	Y	1	031
CF	TAA	WF	SSN				
000000	005197	WF	123-45-6789				

If you received an alternative version of this notice in Microsoft Word on a CD, Braille, or on an Audio CD, the ID, BIC and TAA codes are provided near the beginning of the notice after the payee's name, address, report period, and social security number.

Please enter the information requested below **exactly** as it appears on the Representative Payee Report you received from Social Security.

**NOTE:**

- If the ID and BIC codes appear on the report, you **must** enter these codes.
- If the ID and BIC codes do **not** appear on the report, do **not** enter them. [More info](#)

Now locate and enter **your** codes (not the sample codes) into the fields below.

ITEM 1: SSN

ITEM 2: TAA

ITEM 3: ID

ITEM 4: BIC

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# iRPA Accounting Screen

Social Security Online

## Internet Representative Payee Accounting (iRPA)

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Log Out

### Accounting

STEP:  Access  **Accounting**  Savings  Summary  Confirmation

PAYEE ABCDEFGH IJKLMNOP 01 Main ST APT 1 QRSTU, NH 00001-1111 <a href="#">change address</a>	REPORT PERIOD 06/01/2007 TO 05/31/2008	BENEFICIARY ABABAB YZYZYZ XXX-XX-1111
--	---	---

You received benefits between 06/01/2007 and 05/31/2008 for the beneficiary, ABABAB YZYZYZ. You are required to complete this form.

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

Your Daytime Phone Number  (include area code)

Did the beneficiary continue to live alone, or with the same person, or in the same institution from 06/01/2007 to 05/31/2008?  
 Yes  No

Street Address Line 1

Street Address Line 2

City, State, Zip Code

Explain reason for change of address.

Explanation for change of address

Benefits paid to you between 06/01/2007 and 05/31/2008 **\$8492**

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

**Total Accountable Amount \$8492**

Did you (the payee) decide how the \$8492 was spent or saved?  
 Yes  No

Explain who decided what was spent or saved.

Saving amount decision

How much of the \$8492 did you spend for the beneficiary's food and housing between 06/01/2007 and 05/31/2008?

Amount on food/housing (\$)  Dollar amount (no cents)

How much of the \$8492 did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between 06/01/2007 and 05/31/2008?

Amount on other (\$)  Dollar amount (no cents)

How much, if any, of the \$8492 did you **save** for the beneficiary as of the last month in the report period? If none, show zero.

Amount saved (\$)  Dollar amount (no cents)

General Remarks (if any)

Cancel

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# iRPA Savings Screen

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**Savings**

**STEP:**  Access  Accounting  **Savings**  Summary  Confirmation

<b>PAYEE</b> ABCDEFGHIJ KLMNOP 01 Main ST APT 1 QRSTU, NH 00001-1111 <a href="#">change address</a>	<b>REPORT PERIOD</b> 06/01/2007 TO 05/31/2008	<b>BENEFICIARY</b> ABABAB YZYZZ	XXX-XX-1111
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Indicate how you are saving the \$8000 on behalf of the beneficiary. If you have more than one account, you may mark more than one box.

Check all that apply:

<input type="checkbox"/> Savings or Checking Account	<input type="checkbox"/> US Savings Bonds	<input type="checkbox"/> Certificates of Deposits
<input type="checkbox"/> Collective Savings or Checking Account	<input type="checkbox"/> Treasury Bills	<input type="checkbox"/> Other

---

How is the title of the account listed?  
(Your name for BARBARA WILLIAMS) (BARBARA WILLIAMS by your name)

Your Name for Beneficiary's Name  Beneficiary's Name by Your Name  Other


---

General Remarks (if any)

Cancel << Previous Next >>

# iRPA Report Summary Screen

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www.socialsecurity.govInternet Representative Payee Accounting (iRPA)

 **Report Summary**

**STEP:** ✔ Access ✔ Accounting ✔ Savings ● **Summary** ● Confirmation

PAYEE ABCDEFGH IJKLMNOP 01 Main ST APT 1 QRSTU, NH 00001-1111 <a href="#">change address</a>	REPORT PERIOD 06/01/2007 TO 05/31/2008	BENEFICIARY ABABAB YZYZZ XXX-XX-1111
--	---	--

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

[Edit](#) You (the payee) **have been charged** of a felony crime during the reporting period.

Felony Explanation

[Edit](#) The beneficiary has moved. The new Address is:  
01 Main St  
APT A  
Ellicott City, MD 11111

Explanation for change of address

[Edit](#) You (the payee) **did not decide** how the \$8492 was spent or saved.

Saving amount decision

[Edit](#) \$400 was spent for food and housing for the beneficiary.

[Edit](#) \$300 was spent on other expenses for the beneficiary.


[Edit](#) \$8000 was saved for the beneficiary.

[Edit](#) The \$8000 is being saved in a **US Savings Bonds and Collective Savings or Checking Account**.

[Edit](#) The name listed on this account is **Beneficiary's Name by Your Name**.

[Edit](#) The daytime phone number where you can be reached is 1234567890.

If the above information is correct proceed by responding to the following attestation.



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 agree that the above statement is true.

# iRPA Confirmation Screen

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## Internet Representative Payee Accounting (iRPA)

Confirmation


STEP:  Access  Accounting  Savings  Summary  Confirmation


PAYEE	REPORT PERIOD	BENEFICIARY	
ABCDEF G H IJKLMN OP 01 Main ST APT 1 QRSTU V, NH 00001-1111 <a href="#">change address</a>	06/01/2007 TO 05/31/2008	ABABAB YZY ZYZ	XXX-XX-1111

Your accounting records for ABABAB YZY ZYZ have been updated for the reporting period of 06/01/2007 TO 05/31/2008.

**There is no need to mail your paper form.** This information will be available for your review for a period of 30 days.

You may print or download this page for your records, logout, or file another report.

 [Download this Page.](#)

 [Print this Page](#)

Your Confirmation number is **11C43492829022A7**

Today's Date: 08/27/2008

You (the payee) **have been charged** of a felony crime during the reporting period.

Felony Explanation

The **beneficiary has moved**. The new address is:  
**01 Main St, APT A  
Ellicott City, MD 11111**

Explanation for change of address

You (the payee) **did not decide** how the \$8492 was spent or saved.

Saving amount decision

**\$400** was spent for food and housing for the beneficiary.

**\$300** was spent on other expenses for the beneficiary.

**\$8000** was saved for the beneficiary.

The **\$8000** is being saved in a **US Savings Bonds and Collective Savings or Checking Account**.

The name listed on this account is **Beneficiary's Name by Your Name**.

The daytime phone number where you can be reached is **1234567890**.

Thank you for using the Internet Representative Payee Accounting (iRPA) system.






# iRPA-View Previously Submitted Reports


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[Log Out](#)

### View Submitted Report(s)

> Reports submitted by **FIRST, TESTER** within the past 30 days are shown on this page.  
Download a report by selecting a beneficiary name.

	Beneficiary Name	Confirmation #	Date and Time of Submission	Filename
	<a href="#">MERCHANT_BENE</a>	11C8A4226B3B3864	09/22/08 11:04:55 AM	irpa08092211C8A4226B3B3864.pdf
	<a href="#">1_BENE</a>	11C8A437EA33F7C8	09/22/08 11:23:50 AM	irpa08092211C8A437EA33F7C8.pdf
	<a href="#">YZYZY,ABABAB</a>	11C8A479EAE1173D	09/22/08 16:17:08 PM	irpa08092211C8A479EAE1173D.pdf

 **Submitted reports cannot be edited and are automatically deleted 30 days after the submission date.**

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