

Representative Payee Report

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

FORM APPROVED
OMB NO. 0960-0691

PAYEE'S NAME AND ADDRESS			REPORT PERIOD				SOCIAL SECURITY NUMBER			
			FROM:		TO:					
			BENEFICIARY				FP			
ID	BIC	D	TP	CC	GS	PC	DOC			
CF	TAA	PF	BSSN	FFS	DAA	MFA				

If change of address, check box and enter new address on back of report.

This report is about the benefits you received between _____ and _____ for the beneficiary, _____ . Please read the enclosed instructions before completing this form to help you answer each question.

<p>1. Did the beneficiary continue to live alone, or with the same person, or in the same institution from _____ to _____ ? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.</p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>
<p>2. Benefits paid to you between _____ and _____ = \$ _____ Benefits you reported as saved on last year's report. = \$ _____ Total Accountable Amount = \$ _____</p> <p>A. Did you (the payee) decide how the \$ _____ was spent or saved? → If NO, please explain in REMARKS on the back of this form.</p> <p>B. Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided between _____ and _____ ? →</p> <p>If YES, how much of the \$ _____ did you collect from the beneficiary for these services between _____ and _____ ? →</p> <p>C. How much of the \$ _____ did you spend for the beneficiary's food and housing between _____ and _____ ? →</p> <p>D. How much of the \$ _____ did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between _____ and _____ ? →</p> <p>E. How much, if any, of the \$ _____ did you save for the beneficiary as of _____ ? If none, show zeros. →</p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>
<p>DOLLAR AMOUNT (NO CENTS)</p>		
	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	

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FOR SSA USE ONLY		
ATT	MARK	SIG
UND1	UND2	OTH

3. If you showed an amount in **2.E.** (front page), place an "X" in the boxes below to show how you are saving the benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT						B. TITLE OF ACCOUNT		
Savings/Checking Account	U.S. Savings Bonds	Certificates of Deposit	Collective Savings/Checking Account	Treasury Bills	Other	Beneficiary's Name by Your Name	Your Name for Beneficiary's Name	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Answer this question only if you answered "OTHER" in 3.A. or 3.B. above. If you answered "OTHER" in 3.A. or 3.B., show the type of account or investment, or the title of the account in which the benefits are saved.

A. TYPE OF ACCOUNT	B. TITLE OF ACCOUNT

REMARKS

NEW ADDRESS

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that any one who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

5. PAYEE'S SIGNATURE

7. DATE

6. PRINT JOB TITLE

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8. DAYTIME TELEPHONE NUMBER(S)
(Include area code and extension)

Area Code Extension