
Instructions for Completing Form SSA-1699

General Information About This Form

In this document, “you” means the representative. “We” or “us” means the Social Security Administration.

YOU DO NOT NEED TO COMPLETE THIS FORM if you have not received a notice from us about e-folder access and will not be requesting direct payment of any authorized fees. Generally, you will not need to complete this form if you are not in the business of providing services to Social Security claimants and beneficiaries, but will be appointed as a representative for a relative, friend, or other acquaintance.

- **Complete this form if you:**

- (1) previously registered as a representative and need to update your information,,
- (2) received a notice from us instructing you to complete this form for e-folder access. You do not need to complete the financial portion of the form, or
- (3) want to register for direct payment of fees. This form collects information necessary to conform to Internal Revenue Code sections 6041 and 6045(f), which require us to issue IRS Form 1099-MISC or 1099-NEC to individuals who represent claimants and receive direct payment of \$600 or more during a tax year.

- Once your initial registration is complete, you will receive a notice containing your Representative Identification (Rep ID) within 2 to 3 weeks. Use this Rep ID on our representative forms in lieu of your social security number.
- If you are currently suspended or disqualified from representing claimants in dealings with us, you may not register until your suspension has ended or we have reinstated you.
- You must update your registration by completing a new form if your personal, professional, or business affiliation information changes. Also, complete a new form for changes that include information related to disbarments, suspensions, or sanctions.
- Complete this form and fax it to the Office of Central Operations at 1-877-268-3827. **Do not fax more than one Form SSA-1699 at a time. We will return incomplete or inaccurate forms.**
- For more information, please call 1-800-772-6270 or visit our website at www.ssa.gov/ar. If you are hearing impaired, call our TTY number at 1-800-325-0778. You may also visit your local Social Security office.

Section 1 – Personal Identification and Personal Contact information

Complete all fields as applicable. If you have previously registered, do not forget to include your name and Rep ID.

Section 2 – Attorney Status

Provide information in this section **only** if you check “Yes” that you are an attorney in good standing and are admitted to practice law.

Section 3 – Non-Attorney Direct Payment Eligibility

Indicate whether or not you are a non-attorney eligible for direct payment of authorized fees.

Section 4 – Business Information

Complete this section if your business address is different from your mailing address.

Section 5 – Employer Information

Complete this section if your work as a representative may be affiliated with a firm or organization. If you work for more than one firm or organization, complete and attach as many copies of this section as needed. You will need an Employer Identification Number (EIN) for tax purposes. *(If you are working as a sole proprietor and do not have an EIN, we will use your SSN as the Tax Identification Number (TIN).)*

Section 6 – Preferred Payment Method

Complete this section **only** if you are eligible for direct payment of your authorized fees.

Section 7 – Certification and Attestation

Certify the accuracy of all statements in this section.

Section 8 – Perjury Statement

Sign after completing the form.

Privacy Act Statement - Collection and Use of Personal Information

Sections 206(a) and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from serving as an appointed representative.

We will use the information to facilitate direct payment of authorized fees and to meet the reporting requirements of the law. We may also share your information for the following purposes, called routine uses:

- To a third party, where necessary, information pertaining to the identity of a representative payee or representative payee applicant, the fact of the person's application for or service as a representative payee, and, as necessary, the identity of the beneficiary, to obtain information on employment, sources of income, criminal justice records, stability of residence, and other information relating to the qualifications and suitability of representative payees or representative payee applicants to serve as representative payees, or their use of the benefits paid to them under sections 205(j), 807, or 1631(a) of the Social Security Act; and
- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for SSA, as authorized by law, and they need access to PII in SSA records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0222, entitled Master Representative Payee File as published in the Federal Register (FR) on November 2, 2018, at 83 FR 66339; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take 20 minutes to read the instructions, gather the facts, and answer the questions. You may send **comments on our time estimate**, not the completed form, to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401.

REGISTRATION FOR APPOINTED REPRESENTATIVE SERVICES AND DIRECT PAYMENT

Complete all sections that apply to you. We will return incomplete or inaccurate forms.

Section 1 – Personal Identification and Personal Contact Information

If you are already registered but need to update your registration, enter your Rep ID below:

First Name	Middle Name	Last Name	Suffix
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Date of Birth (MM DD YYYY)	Social Security Number
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Mailing Address

City	State	ZIP/ Postal Code	Country (if outside the U.S.)
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Daytime Phone Number	Fax Number (optional)	Email address (used for registration and online service messages).
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Check here, if this is the preferred address for receiving notices

Section 2 – Attorney Status

Are you currently in good standing and admitted to practice law before the U.S. Supreme Court; a U.S. Federal, state, territorial, insular possession, or District of Columbia court; or a member of a state bar if that membership carries with it the authority to practice law in that state? (Check one of the boxes below.)

Yes **No** (do not complete this section)

Provide information for one state, U.S. territory, or U.S. Federal Court in which you currently are in good standing and have the right to practice law.

Court or Bar	Year admitted (YYYY)	Court or Bar License Number (if issued)
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Rep ID

Section 3 – Non-Attorney Direct Payment Eligibility

Are you a non-attorney eligible for direct payment (EDPNA)?

- Yes**
- No** (go to section VII, if you are a non-attorney registering for e-folder access only)

Section 4 – Business Information

Complete this only if your business address is different from your mailing address.

Mailing Address

City	State	ZIP/ Postal Code	Country (if outside the U.S.)
Business Phone Number	Business Fax Number (optional)	Business Email address (optional)	

- Check here, if this is the preferred address for receiving notices
- I work for a non-profit organization (e.g., law clinic, state legal aid)

Section 5 – Employer Information

Organization's Name (Enter the full name of the business, entity, firm, or organization)

EIN

Organization's Address

City	State	ZIP/ Postal Code	Country (if outside the U.S.)
Business Phone Number	Business Fax Number (optional)	Business Email address (optional)	

- Check here, if this is the preferred address for receiving notices

Rep ID

Section 6 – Preferred Payment Method

Direct Deposit to a U.S. Financial Institution (I confirm that I am the owner or co-owner of this account.)

Type of Financial Account: Checking Savings

Routing Number

Account number

Check (Will be mailed to preferred notice address)

Mailing Address for Tax Purposes (This is the address where we will send your Form 1099-MISC or 1099-NEC)

Same as home address Same as business address Same as employer address

Section 7 – Certification and Self-Reporting

- I understand and agree that I will comply with SSA's rules or policies on the representation of parties, including the Rules of Conduct and Standards of Responsibility for Representatives.
- I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved unless a regulatory exclusion applies.
- I understand that if I fail to comply with any of SSA's rules or policies, I may be suspended or disqualified as a representative before SSA, and could be subject to civil monetary penalties or criminally punished by a fine, imprisonment, or both.
- I will not disclose any information that SSA has furnished about a claim or prospective claim to any unauthorized party without the claimant's specific written consent unless otherwise authorized or required to do so by an SSA regulation or other Federal law.
- I have reasonable administrative, technical, and physical security safeguards to protect the confidentiality of all personal information I receive from SSA from loss, theft, or inadvertent disclosure.
- I will not omit or otherwise withhold disclosure of information to SSA that is material to the benefit entitlement or eligibility of claimants or beneficiaries, nor will I cause someone else to do so, if I know or should know, that this would be false or misleading.
- I will not use words, letters, symbols, branding, or emblems in my advertising or other communications in a way that conveys the false impression that SSA has approved, endorsed, or authorized me, my communications, or my organization, or that I have some connection with or authorization from SSA.
- I declare under penalty of perjury that I have examined all of the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in any prior registration not otherwise changed herein, and that they are all currently true and correct to the best of my knowledge.
- I will update this registration if my personal, professional or business affiliation information changes, including information related to disbarments, suspensions or sanctions.

_____ **I certify to all of the above. (Initial)**

Rep ID

Section 7 – Certification and Self-Reporting (continued)

1. Have you ever been suspended or prohibited from practice before SSA or any other Federal program or agency?	<input type="checkbox"/> Yes (Explain below.) <input type="checkbox"/> No
2. Have you ever been disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney?	<input type="checkbox"/> Yes (Explain below.) <input type="checkbox"/> No
3. Have you ever been convicted of a violation under Section 206 or 1631(d) of the Social Security Act?	<input type="checkbox"/> Yes (Explain below.) <input type="checkbox"/> No
4. Have you ever been disqualified from representing a claimant as a current or former officer or employee of the United States?	<input type="checkbox"/> Yes (Explain below.) <input type="checkbox"/> No

For each Yes answer above, provide the information below regarding that event (Attach copies of this page if you need more space.)

Disqualifying Agency, Court or Bar Name:

Bar Number (if applicable)	Year admitted to the Bar
Beginning date of disbarment or suspension	Ending date of disbarment or suspension (if ended)

Brief description of circumstances for investigation

Section 8 – Perjury Statement

I agree that a copy of this signed Form SSA-1699 will have the same force and effect as the original.

I declare under penalty of perjury that I have examined all of the information on this application and it is true and correct to the best of my knowledge.

Signature

Date