

## **Instructions for Completing Form SSA-1694**

### **Keep a copy of this form for your records**

*In this form, “you” and “your” means the entity and/or the individual serving as the “Point of Contact” or POC. “We”, “us”, “agency” and “SSA” means the Social Security Administration.*

We are required to file an informational return (i.e., Form IRS 1099-MISC or 1099-NEC) with the Internal Revenue Service (IRS) when we make payments of \$600 or more to an appointed representative or to a business entity in a calendar year. To meet this requirement, we must obtain certain information about the entity (e.g., name, address, and tax information) that we will use to issue Form IRS 1099. We will also use this form to collect other information necessary for possible direct payment of fees authorized to the appointed representative directly to an entity.

### **Section 1. Point of Contact (POC) Contact Information**

The POC is a registered representative who is designated and authorized by the entity to act and speak on behalf of the entity. Enter the name of the designated individual who will be responsible, on behalf of the entity, for resolving fee issues that cannot be resolved with the appointed representative. This individual must be registered as a representative with us; must agree to take responsibility for ensuring that the entity does not retain any fee in contradiction of the Social Security Act, agency regulations, or applicable subregulatory guidance; must not be sanctioned from representing claimants before SSA; and must be the individual who signs this form accepting these responsibilities. The entity, through a POC, is responsible for keeping this information up to date.

#### **POC Representative ID (Rep ID)**

Provide the Rep ID of the registered POC.

### **Section 2. Employer Identification Number (EIN)**

Enter the entity’s EIN. This information is necessary for tax reporting purposes. If the entity does not have an EIN, please apply for one immediately by filing an SS-4, Application for Employer Identification Number, with the IRS. You can apply for an EIN online by accessing the IRS website at <https://www.irs.gov/businesses>.

#### **Name of Business Entity**

Enter the entity’s name as shown on Federal tax documents. This should match the name used when filing Form SS-4 to apply for an EIN.

#### **Tax Mailing Address**

Enter the entity’s tax mailing address. We will mail Form IRS-1099-MISC or 1099-NEC to this address if we make payments of \$600 or more to the entity in a calendar year.

### **Section 3. Banking Information for Direct Deposit**

Enter the entity’s banking information, including the routing and account number.

### **Section 4. POC Certification and Signature**

You must certify that you are not currently sanctioned from practicing before SSA and assume responsibility to resolve fee issues that cannot be resolved with the appointed representative.

#### **How to Submit this Form to Us**

Fax the completed form to the Office of Earnings and International Operations (OEIO) at 1-877-268-3827 (preferred for faster processing). Fax/eFax, mail, or hand-deliver the completed form to your local Social Security office. You can locate your local office or the dedicated numbers to fax the form electronically (eFax) using Social Security’s Office locator accessible at <https://www.ssa.gov/locator/> (by clicking the “Locate An Office By Zip” button), or by calling us at 1-800-772-1213.

### **Privacy Act Statement**

Sections 206 and 1631 of the Social Security Act, as amended, allow us to collect this information, which we will use to identify appointed representatives associated with a business entity as employees or partners, and to facilitate issuance of appropriate return information for reporting purposes. Providing this information is voluntary, but not providing all or part of the information may prevent you from serving as an appointed representative and receiving direct payment of fees from SSA. As law permits, we may use and share the information you submit, including with employers of claimants' representatives, contractors, other Federal agencies, and others, as outlined in the routine uses within System of Records Notice 60-0325, available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

### **Paperwork Reduction Act Statement**

This information collection meets the clearance 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 about 10 minutes to read the instructions, gather the facts, and answer the questions. You may send us your comments on our estimated completion time to **SSA, 6401 Security Blvd., Baltimore, MD 21235-6401**.

Send only comments relating to our time estimate to this address, not the completed form.

### **References**

42 U.S.C. §§ 406, 1320a-6, 1383(d)(2) and 1631; 26 U.S.C. §§ 6041 and 6045(f) and 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.

