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 a specified amount or more during a tax year ($600 in 2025, $2,000 in 2026, and thereafter the amount will be adjusted annually for inflation) to a 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 to directly pay authorized fees to an entity when a representative assigns direct payment of fees to that entity.

Section 1. Point of Contact (POC) Contact Information
The POC is an individual who registers as a representative in the manner we prescribe and is selected by the entity to speak and act on the entity's behalf and who assumes the affirmative duties and obligations we prescribe. Enter the name of the designated individual who will be responsible, on behalf of the entity, for resolving fee issues related to direct payments to the entity. This individual must be registered as a representative with us; must agree to assist us in the resolution of any fee issues or errors with respect to direct payments to an entity; 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.

Before being designated as a POC and submitting this form, an individual must have already registered as a representative using Form SSA-1699 Representative Registration and received a Representative ID (Rep ID).

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 payments of a specified amount or more are made during a tax year ($600 in 2025, $2,000 in 2026, and thereafter the amount will be adjusted annually for inflation) to the entity or to representatives associated with your business entity in a calendar year.

Section 3. Banking Information for Direct Deposit
Enter the name of the bank, the routing, and account number. For types of Financial Accounts, select the applicable box. "Checking includes any type of business checking account. "Savings" includes any type of business savings account (e.g., money market).

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 related to direct payments to the entity.

How to Submit this Form to Us
Fax the completed form to Earnings Operations at 1-833-597-1429 (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 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 entity POC and may prevent the entity from 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. 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, 1383(d)(2); 26 U.S.C. §§ 6041 and 6045(f) and 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.

Entity Registration and Taxpayer Information

Section 1 – Point of Contact Information

First Name/Last Name of Individual Point of Contact (POC) in the Entity (*Individual cannot be currently sanctioned by SSA*)

Rep ID

Position/Job in the Entity

Phone Number (POC direct line or extension)

Section 2 – Entity Information

Employer Identification Number (EIN)

This is an Update
(*Check box if only updating information*) ☐

Name of the Business Entity

Tax and Payment Address - P.O. Box, Street, Apt., Suite No. (where Form IRS 1099-MISC or -NEC will be mailed)

City

State

ZIP Code (or Postal Zone)

Phone Number (main line)

Fax Number

Section 3 - Entity Banking Information for Direct Deposit

Type of Financial Account: ☐ Checking ☐ Savings

Banking Institution

Routing Number

Account Number

Section 4 - Point of Contact Certification and Signature

By signing this form, I certify that I am currently registered as a representative with SSA, I am not currently sanctioned from practicing before SSA, and I have the authority to act and speak on behalf of the entity to resolve issues relating to fees paid to the entity registering on this form. By signing this form, I acknowledge that, if the entity takes any action in contradiction of the Social Security Act, agency regulations, or applicable subregulatory guidance, and either I fail to assist in resolving the issue or act in violation of SSA's rules of conduct, I may be suspended or disqualified as a representative before SSA.

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

POC Signature	Date