### Representative Payee Report

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

**PAYEE'S NAME AND ADDRESS**

<table>
<thead>
<tr>
<th>ID</th>
<th>BIC</th>
<th>D</th>
<th>TP</th>
<th>CC</th>
<th>GS</th>
<th>PC</th>
<th>DOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>CF</td>
<td>TAA</td>
<td>PF</td>
<td>BSSN</td>
<td></td>
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</tr>
</tbody>
</table>

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

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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.

1. **Were you (the payee) convicted of a crime considered to be a felony between ___________ and ___________?**
   - YES [ ]
   - NO [ ]
   If YES, please explain in REMARKS on the back of this form.

2. **Did the beneficiary continue to live alone, or with the same person, or in the same institution from ___________ to ___________?**
   - NO [ ]
   - YES [ ]
   If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.

3. **Benefits paid to you between ___________ and ___________ = $**
   - Benefits you reported as **saved** on last year's report = $**
   - Total Accountable Amount = $**
   - Did you (the payee) decide how the $ was spent or saved? [ ]
   - If NO, please explain in REMARKS on the back of this form.

   **A.** How much of the $ did you spend for the beneficiary's food and housing between ___________ and ___________? [ ]

   **B.** How much of $ did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between ___________ and ___________? [ ]

   **C.** How much, if any, of the $ did you save for the beneficiary as of ___________? [ ]
   - If none, show zeros.

4. If you showed an amount in 3.D. above, 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

<table>
<thead>
<tr>
<th>Savings/Checking Account</th>
<th>U.S. Savings Bonds</th>
<th>Certificates of Deposit</th>
<th>Collective Savings/Checking Account</th>
<th>Treasury Bills</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

#### B. TITLE OF ACCOUNT

<table>
<thead>
<tr>
<th>Beneficiary's Name by Your Name</th>
<th>Your Name for Beneficiary's Name</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**FORM SSA-623-OCR-SM (02-2012)**

Continued on the Reverse
5.A. Answer this question only if you answered "OTHER" in 4.A. on the front page. If you answered "OTHER" in 4.A., show the type of account or investment in which the benefits are saved.

B. Answer this question only if you answered "OTHER" in 4.B. on the front page. If you answered "OTHER" in 4.B., show the title of the account in which the benefits are saved.

<table>
<thead>
<tr>
<th>TYPE OF ACCOUNT</th>
<th>TITLE OF ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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 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 may face other penalties, or both.

PAYEE'S SIGNATURE
(If signed by mark ("X"), two witnesses must sign below)

DATE

7. DAYTIME TELEPHONE NUMBER(S)
   (Include area code)

8. Area Code

WITNESS SIGNATURES ARE REQUIRED ONLY IF THE PAYEE'S SIGNATURE ABOVE HAS BEEN SIGNED BY MARK ("X").

SIGNATURE OF WITNESS

DATE

SIGNATURE OF WITNESS

DATE