Representative Payee Report

FORM APPROVED Social Security Administration, P.O. Box 6230, Wilkes-Barre, PA 18767-9956 OMB NO 0960-0068 SOCIAL SECURITY NUMBER PAYEE'S NAME AND ADDRESS REPORT PERIOD FROM: TO: BENEFICIARY FP PCDOC ID BIC CC CF BSSN TAA PF If change of address, check box and enter new address on back of report. for the beneficiary, This report is about the benefits you received between and . Please read the enclosed instructions before completing this form to help you answer each question. NO YES Were you (the payee) convicted of a crime considered to be a felony between If YES, please explain in REMARKS on the back of this form. Did the beneficiary continue to live alone, or with the same person, or in the same institution from ? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form. Benefits paid to you between = \$ Benefits you reported as **saved** on last year's report. = \$ Total Accountable Amount = \$ YES NO Did you (the payee) decide how the \$ was spent or saved? If NO, please explain in REMARKS on the back of this form. DOLLAR AMOUNT (NO CENTS) How much of the \$ did you spend for the beneficiary's food and housing between and 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 How much, if any, of the \$ did you save for the beneficiary as of ? If none, show zeros. 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. B. TITLE OF ACCOUNT A. TYPE OF ACCOUNT Savings/ Checking US. Savings Certificates Collective Savings/ Treasury Beneficiary's Name Your Name for Account of Deposit Other by Your Name Beneficiary's Name Other Checking Account

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Answer this question only if you answered "OTHER"	TYPE OF ACCOUNT
in 4.A. on the front page. If you answered "O'THER" in	THE OF ACCOUNT
4.A., show the type of account or investment in which the benefits are saved.	19
Answer this question only if you answered "OTHER" in 4.B. on the front page. If you answered "OTHER" in	TITLE OF ACCOUNT
4.B., show the title of the account in which the benefits	
are saved —	
REMARKS	
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NEW ADDRESS	
I declare under penalty of perjury that I have examined	
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,	
prison, or may face other penalties, or both.	1
PAYEE'S SIGNATURE	DATE
(If signed by mark ("X"), two witnesses must sign below)	7
	DAYTIME TELEPHONE NUMBER(S)
	(Include area code)
C	0
b.	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
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