



Representative Payee Report

Social Security Administration, P.O. Box _____, Wilkes-Barre, PA 18767-

FORM APPROVED
OMB NO. 0960-0691

PAYEE'S NAME AND ADDRESS

REPORT PERIOD

SOCIAL SECURITY NUMBER

FROM:

TO:

BENEFICIARY

FP

ID

BIC

D

TP

CC

GS

PC

DOC

CF

TAA

FF

BSSN

FFS

DAA

MFA

If change of address, correct and check box.