

Field Office Address
Street
City, STATE ZIP CODE
MM, DD, YYYY

Representative Name
Street Address
City, State, Zip Code

Dear Mr/Ms. [Addressee Last Name]

We are writing to tell you that we processed the Form SSA-1695, (Identifying Information for Possible Direct Payment of Authorized Fees) that you submitted for [NH first/last name]. We masked your Social Security Number to protect your privacy and return the processed form for your records.

If You Have Any Questions

For general information about the Claimant Representative Registration process, visit our Representing Claimants website at www.socialsecurity.gov/representation/ . If you have questions about reporting income or Form 1099–MISC, please contact the Internal Revenue Service.