

## Identifying Information for Possible Direct Payment of Authorized Fees

### Information About the Claimant

First Name		Middle Name	
Last Name	Suffix	Social Security Number - -	
Wage Earner's Name (if different than above)		Wage Earner's Social Security Number (if different) - -	
Type of Benefits <input type="checkbox"/> Title II (RSDI) <input type="checkbox"/> Title XVI (SSI)			

### Information About You, the Representative

Name		Social Security Number - -	
P.O. Box, Street, Apt., or Suite No.		City	
State	ZIP Code or Postal Zone	Country	
Phone Number (including area code)		Fax Number (optional)	

Employer Identification Number (EIN), if applicable. If you are representing the claimant(s) as a partner or an employee of a firm or other business entity, you may provide the EIN of the firm or business. See instructions on Page 2 for more information.

### Information About Other Claimants You are Representing in connection with this Claim

List below the Social Security Numbers and names of all other claimants not mentioned above. If all claimants will not fit on this form, list on a separate form or blank paper.

Claimant's Social Security Number	Claimant's Name
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## Important Information

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### **Purpose of Form**

An attorney or other person who wishes to charge or collect a fee for providing services in connection with a claim before the Social Security Administration (SSA) must first obtain approval from SSA. The request for appointment is generally made using the SSA-1696-U4, Appointment of Representative, or equivalent written statement. An attorney or other person who wishes to receive direct payment of authorized fees from SSA must have completed an SSA-1699, Registration for Appointed Representative Services and Direct Payment, in order to provide the identifying information that will be used to process these direct payments, including the possible use of direct deposit to a financial institution, and to meet any requirements for issuance of a Form 1099-MISC. It is important to complete a new SSA-1699 whenever there are changes to identifying information. In addition, an attorney or other person must complete this SSA-1695, Identifying Information for Possible Direct Payment of Authorized Fees, for each claim in which a request is being made to receive direct payment of authorized fees.

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### **Instructions for Completing the Form**

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**Claimant Information** - Please provide the Social Security Number (SSN) and name of the claimant that you will represent before SSA.

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**Wage Earner Information** - If the claim is being filed on the Social Security record of someone other than the claimant, please provide the SSN and name of that wage earner.

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**Type of Benefits Information** - Please specify the type of benefits for which you are representing the claimant(s).

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**Representative Information** - Please enter your SSN and name as shown on your Social Security card and your mailing address. If you have changed your last name (e.g., due to marriage), please contact your local SSA office to make this change to your Social Security record. In addition, if you are representing the claimant(s) as a partner or employee of a firm or other business entity, you may provide the EIN of that entity. This will allow SSA to issue a Form 1099-MISC to that entity to reflect that the direct payment of authorized fees you receive is actually income to that entity for tax purposes.

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**Information About Other Claimants** - If you are representing other claimants in this claim that are not mentioned above, please provide their SSNs and names. If there are more than five individuals, please provide this information on a separate attachment to this form.

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## Privacy Act Statement Collection and Use of Personal Information

Sections 206(a) and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information could result in nonpayment for your service.

We will use the information to facilitate direct payment of authorized fees and meet any requirement to issue a Form 1099-MISC, pursuant to 26 United States Code (USC) 6041 and 26 USC 6045(f), under the Internal Revenue Service (IRS). We may also share your information for the following purposes, called routine uses:

- To the Department of the Treasury, IRS, as necessary, for the purpose of auditing the Social Security Administration's compliance with safeguard provisions of the Internal Revenue Code of 1986, as amended; and
- To a third party, as necessary, information relating to the qualifications and suitability of representative payees or representative payee applicants to serve as representative payees, or their use of the benefits paid to them under section 205(j) or section 1631(a) of the Social Security Act.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803 and 60-0222, entitled Master Representative Payee File as published in the FR on April 22, 2013, at 78 FR 23811. Additional information and a full listing of all our SORNs are available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

## Paperwork Reduction Act Statement

This information collection meets the 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 (OMB) control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.