

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2024

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.

• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name HENRY V SIMON		Box 2. Beneficiary's Social Security Number 669-30-1405
Box 3. Benefits Paid in 2024 \$10,409.00	Box 4. Benefits Repaid to SSA in 2024 NONE	Box 5. Net Benefits for 2024 (Box 3 minus Box 4) \$10,409.00
<div>DESCRIPTION OF AMOUNT IN BOX 3</div> <div><div>Paid by check or Direct deposit</div><div>\$10,409.00</div><div>Benefits for 2024</div><div>\$10,409.00</div></div>		<div>DESCRIPTION OF AMOUNT IN BOX 4</div> <div>NONE</div>
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address HENRY VICTOR SIMON 71 TONJES ROAD CALLICOON NY 12723-5729
		Box 8. Claim Number (Use this number if you need to contact SSA.) 106-50-1158C1