

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

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit

\$10,409.00

Benefits for 2024

\$10,409.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

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