

# 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

CLAUDE A SIMON

Box 2. Beneficiary's Social Security Number

106-50-1158

Box 3. Benefits Paid in 2024

\$35,684.40

Box 4. Benefits Repaid to SSA in 2024

NONE

Box 5. Net Benefits for 2024 (Box 3 minus Box 4)

\$35,684.40

**DESCRIPTION OF AMOUNT IN BOX 3**

Paid by check or Direct deposit	\$33,588.00
Medicare Part B premiums deducted from your benefits	\$2,096.40
Total Additions	\$35,684.40
Benefits for 2024	\$35,684.40

**DESCRIPTION OF AMOUNT IN BOX 4**

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

CLAUDE A SIMON  
71 TONJES ROAD  
CALICOON NY 12723-5729

Box 8. Claim Number (Use this number if you need to contact SSA.)

106-50-1158A