

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<br>CLAUDE A SIMON   |   | Box 2. Beneficiary's Social Security Number<br>106-50-1158                        |  |
| Box 3. Benefits Paid in 2024<br>\$35,684.40   | Box 4. Benefits Repaid to SSA in 2024<br>NONE | Box 5. Net Benefits for 2024 (Box 3 minus Box 4)<br>\$35,684.40                   |  |
| <div>DESCRIPTION OF AMOUNT IN BOX 3</div> <div><div>Paid by check or Direct deposit\$33,588.00</div><div>Medicare Part B premiums deducted from your benefits\$2,096.40</div><div>Total Additions\$35,684.40</div><div>Benefits for 2024\$35,684.40</div></div> |   | <div>DESCRIPTION OF AMOUNT IN BOX 4</div> <div>NONE</div>                         |  |
|   |   | Box 6. Voluntary Federal Income Tax Withheld<br>NONE                              |  |
|   |   | Box 7. Address<br>CLAUDE A SIMON<br>71 TONJES ROAD<br>CALLICOON NY 12723-5729     |  |
|   |   | Box 8. Claim Number (Use this number if you need to contact SSA.)<br>106-50-1158A |  |