

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2015

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name VICKI SIMON	Box 2. Beneficiary's Social Security Number 067-24-5882	CU3995424-11B23096352								
Box 3. Benefits Paid in 2015 \$21,610.80	Box 4. Benefits Repaid to SSA in 2015 NONE	Box 5. Net Benefits for 2015 (Box 3 minus Box 4) \$21,610.80								
DESCRIPTION OF AMOUNT IN BOX 3 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Paid by check or direct deposit</td> <td style="width: 50%;">\$20,352.00</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td>\$1,258.80</td> </tr> <tr> <td>Total Additions</td> <td>\$21,610.80</td> </tr> <tr> <td>Benefits for 2015</td> <td>\$21,610.80</td> </tr> </table>		Paid by check or direct deposit	\$20,352.00	Medicare Part B premiums deducted from your benefits	\$1,258.80	Total Additions	\$21,610.80	Benefits for 2015	\$21,610.80	DESCRIPTION OF AMOUNT IN BOX 4 NONE
Paid by check or direct deposit	\$20,352.00									
Medicare Part B premiums deducted from your benefits	\$1,258.80									
Total Additions	\$21,610.80									
Benefits for 2015	\$21,610.80									
Box 6. Voluntary Federal Income Tax Withheld NONE		Box 7. Address VICKI SIMON 6 EDWARDS LN GLEN COVE NY 11542-3209								
Box 8. Claim Number (Use this number if you need to contact SSA.) 015-16-5808D										

Form SSA-1099-SM (1-2016)

DO NOT RETURN THIS FORM TO SSA OR IRS