

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
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 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
		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