

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2016

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

CL3101275-11A2155104-1

Box 1. Name VICKI SIMON	Box 2. Beneficiary's Social Security Number 067-24-5882	
Box 3. Benefits Paid in 2016 \$21,610.80	Box 4. Benefits Repaid to SSA in 2016 NONE	Box 5. Net Benefits for 2016 (Box 3 minus Box 4) \$21,610.80
<b>DESCRIPTION OF AMOUNT IN BOX 3</b> 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 2016 \$21,610.80		<b>DESCRIPTION OF AMOUNT IN BOX 4</b> -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		

Form SSA-1099-SM (1-2017)

DO NOT RETURN THIS FORM TO SSA OR IRS

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