FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2025 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
John Sample	REDACT

Box 3. Benefits Paid in 2025	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits for 2025 *(Box 3 minus Box 4)*
$21,600.00	NONE	$21,600.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	$16,495.20
Medicare Part B premiums deducted from your benefits	$3,108.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$164.40
Voluntary Federal Income Tax Withheld	$1,832.40
Total Additions	$21,600.00
Benefits for 2025	$21,600.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

$1,832.40

Box 7. Address

John Sample
1 Sample Road
Sample, Sample 12345

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

REDACT

Form **SSA-1099-SM** (1-2026) **DO NOT RETURN THIS FORM TO SSA OR IRS**