FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2014

- 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
Box 3. Benefits Paid in 2014	Box 4. Benefits Repaid to SSA in 2014	Box 5. Net Benefits for 2014 *(Box 3 minus Box 4)*

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
	Box 6. Voluntary Federal Income Tax Withholding
	Box 7. Address
	Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Draft as of June 21, 2014 - Subject to Change

Form **SSA-1099-SM** (1-2014)

DO NOT RETURN THIS FORM TO SSA OR IRS