

**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

Box 2. Beneficiary's Social Security Number

Box 3. Benefits Paid in 2015

Box 4. Benefits Repaid to SSA in 2014

Box 5. Net Benefits for 2015 (*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.*)