

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2005

• 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 2005  \$19,082.40	Box 4. Benefits Repaid to SSA in 2005  NONE	Box 5. Net Benefits for 2005 <i>(Box 3 minus Box 4)</i>  \$19,082.40

DESCRIPTION OF AMOUNT IN BOX 3	
Paid by check or direct deposit	\$18,144.00
Medicare premiums deducted from your benefit	\$938.40
Total Additions	\$19,082.40
Benefits for 2005	\$19,082.40

DESCRIPTION OF AMOUNT IN BOX 4
NONE

Box 6. Voluntary Federal Income Tax Withheld  NONE
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Box 7. Address  
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Box 8. Claim Number <i>(Use this number if you need to contact SSA.)</i>  
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