

**FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**

**2008**

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

Box 1. Name  <p align="center"><b>Your Name</b></p>		Box 2. Beneficiary's Social Security Number  <p align="center"><b>XXX-XX-XXXX</b></p>								
Box 3. Benefits Paid in 2008  <p align="center">\$1,250.00</p>	Box 4. Benefits Repaid to SSA in 2008  <p align="center">NONE</p>	Box 5. Net Benefits for 2008 <i>(Box 3 minus Box 4)</i>  <p align="center">\$1,250.00</p>								
<p align="center"><b>DESCRIPTION OF AMOUNT IN BOX 3</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Paid by check or direct deposit</td> <td align="right">\$1,000.00</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td align="right">\$250.00</td> </tr> <tr> <td>Total Additions</td> <td align="right">\$1,250.00</td> </tr> <tr> <td>Benefits for 2008</td> <td align="right">\$1,250.00</td> </tr> </table>		Paid by check or direct deposit	\$1,000.00	Medicare Part B premiums deducted from your benefits	\$250.00	Total Additions	\$1,250.00	Benefits for 2008	\$1,250.00	<p align="center"><b>DESCRIPTION OF AMOUNT IN BOX 4</b></p> <p align="center">NONE</p>
Paid by check or direct deposit	\$1,000.00									
Medicare Part B premiums deducted from your benefits	\$250.00									
Total Additions	\$1,250.00									
Benefits for 2008	\$1,250.00									
Box 6. Voluntary Federal Income Tax Withheld  <p align="center">NONE</p>		Box 7. Address  YOUR NAME 123 YOUR STREET CITY, STATE, ZIP								
Box 8. Claim Number <i>(Use this number if you need to contact SSA.)</i>  <p align="center">XXX-XX-XXXXX</p>										