

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2023 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name THOMAS R POOLE		Box 2. Beneficiary's Social Security Number 064-54-8519
Box 3. Benefits Paid in 2023 \$30,047.50	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) \$30,047.50
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$29,223.00 Medicare Part B premiums deducted from your benefits \$824.50 Total Additions \$30,047.50 Benefits for 2023 \$30,047.50		DESCRIPTION OF AMOUNT IN BOX 4 <p style="text-align: center; font-size: 1.2em;">NONE</p>
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address THOMAS R POOLE 18 SOUTHERN AVE RENSSELAER NY 12144-3913
		Box 8. Claim Number (Use this number if you need to contact SSA.) 064-54-8519A