

FORM SSA-1099 -- SOCIAL SECURITY BENEFIT STATEMENT

2024

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE FACTS ABOUT YOUR 2024 SOCIAL SECURITY BENEFIT STATEMENT AND NOTICE 703 FOR MORE INFORMATION.

| | | |
|---|---|---|
| Box 1. Name ANA M DIAZ | | Box 2. Beneficiary's Social Security Number 583-30-0876 |
| Box 3. Benefits paid in 2024 \$11,420.40 | Box 4. Benefits Repaid to SSA in 2024 NONE | Box 5. Net Benefits for 2024 (Box 3 minus Box 4) \$11,420.40 |

| DESCRIPTION OF AMOUNT IN BOX 3 | | DESCRIPTION OF AMOUNT IN BOX 4 |
|--|-------------|--|
| Paid by check or Direct deposit | \$9,324.00 | NONE |
| Medicare Part B premiums deducted from your benefits | \$2,096.40 | |
| Total Additions | \$11,420.40 | |
| Benefits for 2024 | \$11,420.40 | |
| | | Box 6. Voluntary Federal Income Tax Withheld NONE |
| | | Box 7. Address ANA M DIAZ 311 JASMINE COVE CIR SIMPSONVILLE SC 29680-7172 |
| | | Box 8. Claim Number (Use this number if you need to contact SSA.) 086-40-4744B |

DO NOT RETURN THIS FORM TO SSA OR IRS