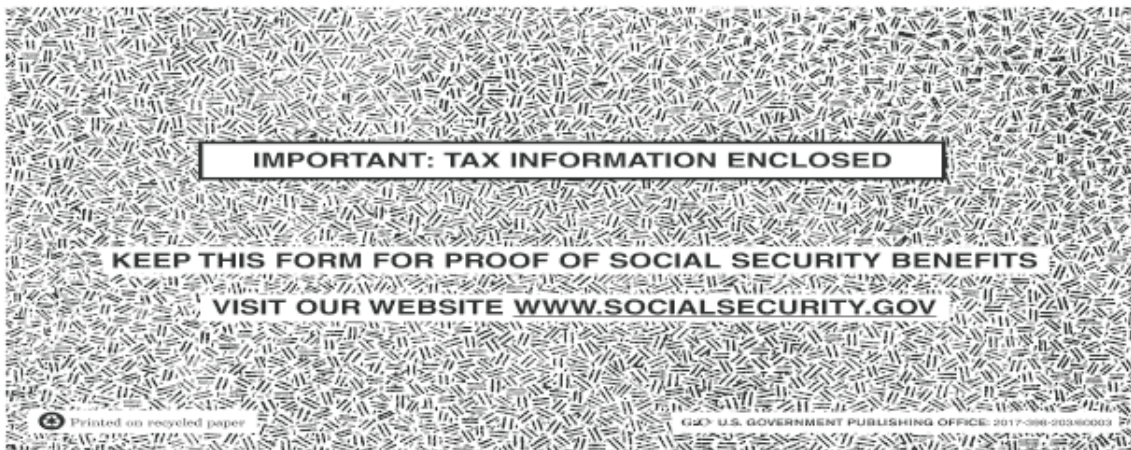


**FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**

<b>2016</b> • 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 2016	Box 4. Benefits Repaid to SSA in 2016				
Box 5. Net Benefits for 2016 (Box 3 minus Box 4)					
<table border="1"> <tr> <td style="width: 50%; text-align: center;">DESCRIPTION OF AMOUNT IN BOX 3</td> <td style="width: 50%; text-align: center;">DESCRIPTION OF AMOUNT IN BOX 4</td> </tr> <tr> <td colspan="2" style="height: 100px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Box 6. Voluntary Federal Income Tax Withheld</p> <p>Box 7. Address</p> <p>Box 8. Claim Number (Use this number if you need to contact SSA.)</p> </div> <div style="width: 4%;"></div> <div style="width: 48%;"></div> </div> </td> </tr> </table>		DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Box 6. Voluntary Federal Income Tax Withheld</p> <p>Box 7. Address</p> <p>Box 8. Claim Number (Use this number if you need to contact SSA.)</p> </div> <div style="width: 4%;"></div> <div style="width: 48%;"></div> </div>	
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Form SSA-1099-SM (1-2017)

**DO NOT RETURN THIS FORM TO SSA OR IRS**



Form SSA-1099-SM (1-2017)

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and tomorrow



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