

Form SSA-1099
Social Security Benefit Statement

2025

Copy B - For Recipient

PAYING AGENCY Acme Corporation 123 Main Street Anytown, CA, 98765 TIN: -		BENEFICIARY'S NAME, ADDRESS, AND SSN John K Doe 35 Dry Ridge Rd Redwood City, CA, 94062 SSN: -	
3 Benefits paid \$12,947.34		4 Benefits repaid to SSA \$0.00	
5 Net benefits \$12,947.34		6 Voluntary federal income tax withheld \$0.00	

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