

Social Security Income Statement

Name: John Doe
Social Security Number: XXX-XX-1234
Statement Date: June 15, 2024
Period Covered: January 2024 - May 2024
Address: 123 Main Street, Anytown, USA

Income Summary

Month	Gross Amount	Medicare Premium	Tax Withheld	Net Amount
January 2024	\$1,500.00	\$120.00	\$45.00	\$1,335.00
February 2024	\$1,500.00	\$120.00	\$45.00	\$1,335.00
March 2024	\$1,500.00	\$120.00	\$45.00	\$1,335.00
April 2024	\$1,500.00	\$120.00	\$45.00	\$1,335.00
May 2024	\$1,500.00	\$120.00	\$45.00	\$1,335.00
Total	\$7,500.00	\$600.00	\$225.00	\$6,675.00

Important Notes

- This statement reflects Social Security benefits paid for the specified period above.
- Keep this statement as proof of income for financial, tax, or assistance purposes.
- Contact the Social Security Administration if you notice any discrepancies.
- Medicare premiums and taxes are deducted as required by law.
- For annual statements, refer to your SSA-1099 form for tax filing.