

# Social Security Income Statement

Name: John Doe

Social Security XXX-XX-1234

Number:

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                  |
| <strong>Total</strong> | <strong>\$7,500.00</strong> | <strong>\$600.00</strong> | <strong>\$225.00</strong> | <strong>\$6,675.00</strong> |

## 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.