

### Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
State postal code \_\_\_\_\_ [2]

#### Social Security Benefits

	2016 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2016 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

#### Tier 1 Railroad Benefits

	2016 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2016 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

#### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2016 or receive any prior year benefits in 2016. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

\_\_\_\_\_ [40]  
 \_\_\_\_\_ [41]  
 \_\_\_\_\_ [42]  
 \_\_\_\_\_ [43]  
 \_\_\_\_\_ [44]

#### NOTES/QUESTIONS: