

Blank Social Security Benefits Worksheet

Personal Details

Full Name: _____

Date of Birth: _____

Filing Status: Single Married Head of Household

Social Security Number (Last 4 digits): _____

Planned Retirement Age: _____

Monthly Benefit Details

Your Estimated Monthly Benefit: _____

Spouse's Estimated Monthly Benefit: _____

Dependent Benefits (if any): _____

Total Monthly Social Security Income: _____

Annual Benefit Summary

Total Monthly Income x 12 Months: _____

Total Estimated Annual Social Security Income: _____

Additional Income Sources (Optional)

Pension or Annuities: _____

IRA / 401(k) Withdrawals: _____

Other Income (Specify): _____

Notes

