

Free Social Security Benefits Worksheet

Personal Details

Name: _____

Date of Birth: _____

Filing Status: Single Married Head of Household

Monthly Social Security Income

Your Monthly Benefit: _____

Spouse's Monthly Benefit (if any): _____

Dependent Benefits (if any): _____

Total Monthly Social Security Income: _____

Annual Social Security Income

Total Monthly Income x 12 Months: _____

Estimated Annual Social Security Income: _____

Other Income (Optional)

Pension or Retirement Fund Income: _____

IRA/401(k) Withdrawals: _____

Other Income Sources: _____

Notes

