

Monthly Social Security Benefits Worksheet

Personal Details

Name: _____

Month & Year: _____

Filing Status: Single Married Head of Household

Social Security Income This Month

Your Social Security Benefit: _____

Spouse's Benefit (if any): _____

Dependent Benefits (if any): _____

Total Monthly Social Security Income: _____

Monthly Expenses (Optional for Planning)

Rent / Mortgage: _____

Utilities: _____

Groceries: _____

Healthcare / Medications: _____

Transportation: _____

Other Expenses: _____

- Total Monthly Expenses: _____

Net Social Security Income

- Total Social Security Income -
Total Expenses: _____