

Social Security Benefits Worksheet for Seniors

Personal Details

Full Name: _____

Date of Birth: _____

Filing Status: Single Married Widowed

Start of Social Security Benefits (Month/Year): _____

Monthly Social Security Income

Your Monthly Benefit: _____

Spouse's Monthly Benefit (if any): _____

Other 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 Retirement Income (Optional)

Pension or Annuity: _____

IRA / 401(k) Withdrawals: _____

Other Savings or Income: _____

Monthly Budget Planner (Optional)

Housing (Rent/Mortgage): _____

Utilities: _____

Groceries: _____

Medical/Healthcare: _____

Transportation: _____

Other Expenses: _____

Total Monthly Expenses: _____