FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2019 PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name VINCENT SAYANI Box 2. Beneficiary's Social Security Number 730-01-2086

Box 3. Benefits Paid in 2019 \$10,691.00 Box 4. Benefits Repaid to SSA in 2019 NONE Box 5. Net Benefits for 2019 (Box 3 minus Box \$10,691.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit

\$9,065.00

DESCRIPTION OF AMOUNT IN BOX 4
NONE

Medicare Part B premiums deducted from your benefits

\$1,626.00 \$10.691.00

Total Additions
Benefits for 2019

\$10,691.00 \$10,691.00

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

VINCENT SAYANI 53 COLLEGE DRIVE EDISON NJ 08817-5982

Box 8. Claim Number (Use this number if you need to contact S

730-01-2086A

Form SSA-1099-SM (1-2020)

DO NOT RETURN THIS FORM TO SSA OR IRS