

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 EVELYN N SAYANI		Box 2. Beneficiary's Social Security Number 139-11-6879
Box 3. Benefits Paid in 2019 \$10,674.00	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$10,674.00

DESCRIPTION OF AMOUNT IN BOX 3	
Paid by check or direct deposit	\$9,048.00
Medicare Part B premiums deducted from your benefits	\$1,626.00
Total Additions	\$10,674.00
Benefits for 2019	\$10,674.00

DESCRIPTION OF AMOUNT IN BOX 4
NONE

Box 6. Voluntary Federal Income Tax Withheld NONE

Box 7. Address EVELYN N SAYANI 53 COLLEGE DRIVE EDISON NJ 08817-5982
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Box 8. Claim Number (Use this number if you need to contact SSA) 139-11-6879A
