

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2018

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

CU232453-112716573-1

CU232453-112716573-1

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Box 1. Name VINCENT SAYANI | | Box 2. Beneficiary's Social Security Number 730-01-2086 |
| Box 3. Benefits Paid in 2018 \$3,464.00 | Box 4. Benefits Repaid to SSA in 2018 NONE | Box 5. Net Benefits for 2018 (Box 3 minus Box 4) \$3,464.00 |
| DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$2,408.00 Medicare Part B premiums deducted from your benefits \$1,056.00 Total Additions \$3,464.00 Benefits for 2018 \$3,464.00 | | DESCRIPTION OF AMOUNT IN BOX 4 <p style="text-align: center; font-size: 1.2em;">NONE</p> |
| | | Box 6. Voluntary Federal Income Tax Withheld <p style="text-align: center; font-size: 1.2em;">NONE</p> |
| | | Box 7. Address VINCENT SAYANI 53 COLLEGE DRIVE EDISON NJ 08817-5982 |
| | | Box 8. Claim Number (Use this number if you need to contact SSA.) 139-11-6879B1 |