## FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

DENETH STATEMENT				
2022 : PART OF YOUR SO SEE THE REVERSE	CIAL SECURITY BEN FOR MORE INFOR	NEFITS SHOWN IN	BOX 5 MAY BE TAXABLE INCOME.	
Box 1. Name  ORLIA L SHARPE			Box 2. Beneficiary's Social Security Number	
			260-92-7548	
Box 3. Benefits Paid in 2022	Box 4. Benefits Repaid to SSA in 2022		Box 5. Net Benefits for 2022 (Box 3 minus Box 4)	
\$20,581.20	NONE		\$20,581.20	
DESCRIPTION OF AMOUNT IN BOX 3 DES		CRIPTION OF AMOUNT IN BOX 4		
Paid by check or Direct deposit Medicare Part B premiums deducted	\$18,540.00		NONE	
from your benefits	\$2,041.20			
Total Additions	\$20,581.20			
Benefits for 2022	\$20,581.20			

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

ORLIA L SHARPE 2615 OLD SOUTH DR JONESBORO GA 30236-2812

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

260-92-7548A