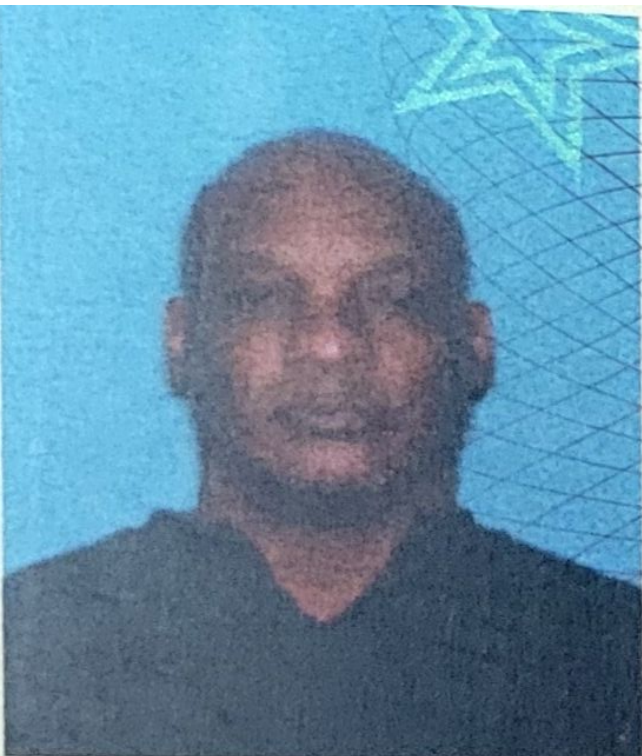




DRIVER LICENSE

9 CLASS **F**

4d DL NO. **J162047001**

4b EXP **07/16/2025**

3 DOB **07/16/1964**

1 **BILLINGSLEY**

2 **TERRY**

8 **8101 GARDNER LN**
ST LOUIS, MO 63134

9a END **NONE**

12 RESTRICTIONS **NONE**

15 SEX **M**

17 WGT **190 lb** 4a ISS **04/11/2019**

16 HGT **5'-09"**

18 EYES **BRO**





MEDICARE HEALTH INSURANCE

Name/Nombre

TERRY BILLINGSLEY

Medicare Number/Número de Medicare

2QM4-DD9-CN80

Entitled to/Con derecho a

Coverage starts/Cobertura empieza

HOSPITAL (PART A)

08-01-2018

MEDICAL (PART B)

08-01-2018

PRIMARY BENEFIT STATEMENT

BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
ACTION.

Box 2. Beneficiary's Social Security Number	
587-23-6201	
to SSA in 2022	Box 5. Net Benefits for 2022 (Box 3 minus Box 4)
NONE	\$16,560.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

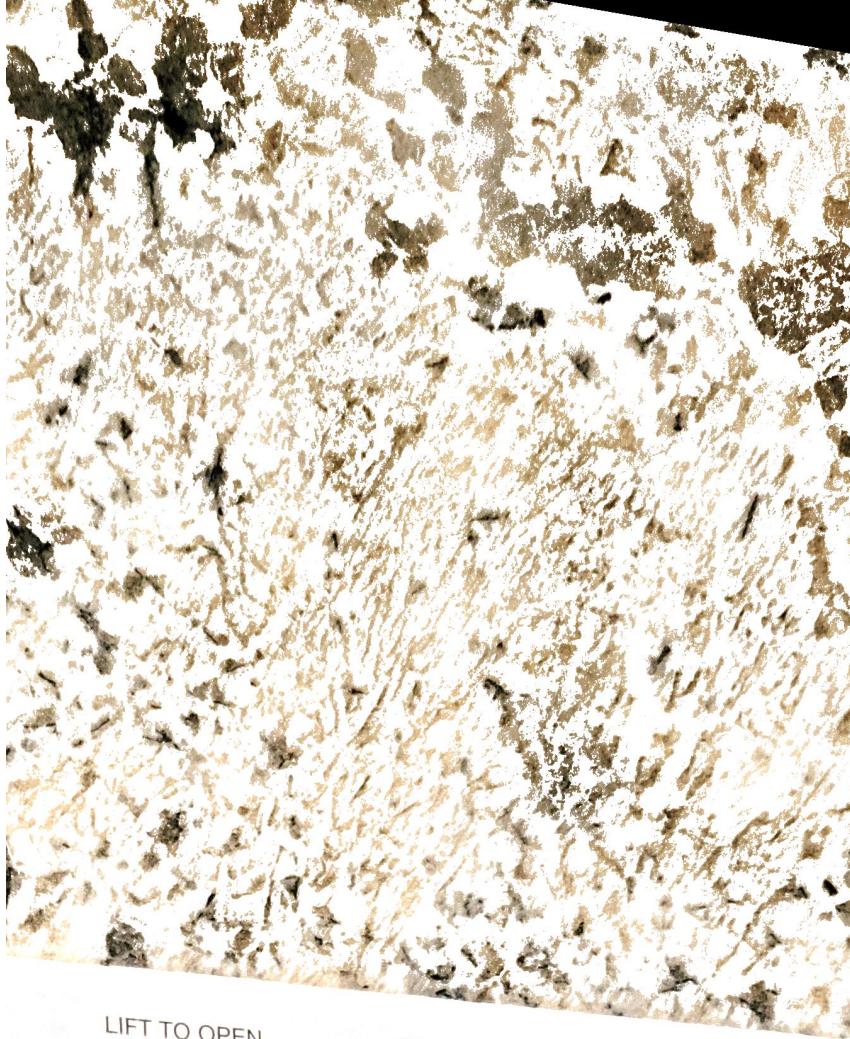
TERRY BILLINGSLEY
8101 GARDNER LANE
SAINT LOUIS MO 63134-1507

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

587-23-6201A

FORM TO SSA OR IRS





LIFT TO OPEN
↓

TION

FIRST-CLASS MAIL
PRESORTED
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

FOLD & TEAR OFF STUB

TERRY BILLINGSLEY
8101 GARDNER LANE
SAINT LOUIS MO 63134-1507

