FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Box 1. Name	And Some Con	TA SOR EXCENSION	Box 2. Beneficiary's Social Security Number				
MARIAN SHEARD			332-34-4300				
Box 3. Benefits Paid in 2022	Box 4. Benefits Repaid to SSA in 2022 NONE		Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$23,125.20				
\$23,125.20							
DESCRIPTION OF AMOUNT	IN BOX 3	DESC	CRIPTION OF AMOUNT IN BOX 4				
Paid by check or Direct deposit Medicare Part B premiums deducted from your benefits	\$21,084.00 \$2,041.20		NONE				
Total Additions	\$23,125.20	1740 × 1741 × 1					
Benefits for 2022	\$23,125.20	fatti e che dis	Making angahah sambana panangan ana MBRO dan tumbangangan				
		Alto an in a subsection					
		DOM: UNIO					
		1					
		Box 6. Voluntary Federal Income Tax Withheld					
		NONE					
		Box 7. Address MARIAN SHEARD 29810 ABERDEEN LN SOUTHFIELD MI 48076-2263					
						SOUTHFIELD W	11 480 / 6- 2263
						og grandery	
	Yourse Specific Sea	owick gaweyr	a postal gas grandagenos				
		Box 8. Claim Number (Use this number if you need to contact SSA					
	*		Value in Manuel II you need to contact SSA				