## FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Box 1. Name			Box 5 MAY BE TAXABLE INCOME.  Box 2. Beneficiary's Social Security Number
STANLEY D ELLZEY			2011 20 Demonstry & Godian Gecunity Number
Box 3. Benefits Paid in 2023	Box 4. Benefits Repaid to SSA in 2023		
			Box 5. Net Benefits for 2023 (Box 3 minus Box 4
\$40,173.60	NONE		\$40,173.60
DESCRIPTION OF AMOUNT IN	I BOX 3	DES	CRIPTION OF AMOUNT IN BOX 4
Paid by check or Direct deposit	\$31,669.20		
Medicare Part B premiums deducted			NONE
from your benefits	\$2,769.60		
Medicare Prescription Drug premiums			\$
(Part D) deducted from your benefits	\$146.40		
Voluntary Federal Income Tax Withheld	\$5,588.40		
Total Additions	\$40,173.60		Commence of Commence of
Benefits for 2023	\$40,173.60		
		Box 6. Voluntary Fe	deral Income Tax Withheld
্রাপ্ত , , , পুরাক্তিশ্র		\$5,588.40	
			Ψ2,200.40
		Box 7. Address	
		STANLEY D ELLZEY	
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			er (Use this number if you need to contact SSA.