FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

| 2008 : PART OF YOUR SEE THE RE | OUR SOCIAL SECURITY BEI VERSE FOR MORE INFOR | NEFITS SHOWN IN MATION | BOX 5 MAY BE TAXABLE INCOME. |
|--|--|-------------------------------------|--|
| Box 1. Name | | | Box 2. Beneficiary's Social Security Number |
| Alex Lane | | | 255384063 |
| Box 3. Benefits Paid in 2008 | Box 4. Benefits Repaid | to SSA in 2008 | Box 5. Net Benefits for 2008 (Box 3 minus Box 4) |
| DESCRIPTION OF AMOUNT IN BOX 3 | | | SCRIPTION OF AMOUNT IN BOX 4 |
| Paid by check or direct deposit Medicare Part B premiums deducted from your benefits Total Additions Benefits for 2008 | \$1,000.00 ted \$250.00 \$1,250.00 \$1,2\$0.00 | Box 6. Voluntary Fe | NONE Adderal Income Tax Withheld |
| | | Box 7. Address 4100 UNIVEI US | RSITY AVE DES MOINES IA 50311 |
| 9 | | | ontact SSA.) |