FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Box 1. Name		Andrew (Million or Million	Box 2. Beneficiary's Social Security Number	
CHARAN S MULTANI			131-74-6055	
Box 3. Benefits Paid in 2022	3. Benefits Paid in 2022 Box 4. Benefits Repaid to SSA in 2022		Box 5. Net Benefits for 2022 (Box 3 minus Box 4	
\$12,433.20	NONE		\$12,433.20	
DESCRIPTION OF AMOUNT IN BOX 3			DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or Direct deposit Medicare Part B premiums deducted from your benefits Total Additions Senefits for 2022	\$10,392.00 \$2,041.20 \$12,433.20 \$12,433.20		NONE	
		Box 6. Voluntary Fe	oderal Income Tax Withheld NONE	
		Box 6. Voluntary Fe		
			NONE	
		Box 7. Address CHARAN S MU 147 ASHBY RD	NONE	
		Box 7. Address CHARAN S MU 147 ASHBY RD UPPER DARBY	NONE	