

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Last name		Your social security number
Last name		Spouse's social security number
Apt. no.		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
State	ZIP code	
WA		
Foreign country name	Foreign province/state/county	Foreign postal code

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income								
1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	0			
b	Household employee wages not reported on Form(s) W-2			1b	0			
c	Tip income not reported on line 1a (see instructions)			1c	0			
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	0			
e	Taxable dependent care benefits from Form 2441, line 26			1e	0			
f	Employer-provided adoption benefits from Form 8839, line 29			1f	0			
g	Wages from Form 8919, line 6			1g	0			
h	Other earned income (see instructions)			1h	0			
i	Nontaxable combat pay election (see instructions)		1i					
z	Add lines 1a through 1h			1z	0			
Attach Sch. B if required.	2a	Tax-exempt interest	2a	b	Taxable interest	2b	0	
	3a	Qualified dividends	3a	b	Ordinary dividends	3b	252.02	
	4a	IRA distributions	4a	b	Taxable amount	4b	0	
Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	5a	Pensions and annuities	5a	b	Taxable amount	5b	0	
	6a	Social security benefits	6a	35,413.25	b	Taxable amount	6b	0
	c	If you elect to use the lump-sum election method, check here (see instructions)						
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7		0		
8	Other income from Schedule 1, line 10			8		0		
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9		252.02		
10	Adjustments to income from Schedule 1, line 26			10		0		
11	Subtract line 10 from line 9. This is your adjusted gross income			11		252.02		
12	Standard deduction or itemized deductions (from Schedule A)			12		25,900.00		
13	Qualified business income deduction from Form 8995 or Form 8995-A			13		0		
14	Add lines 12 and 13			14		25,900.00		
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15		0		

FORM SSA-1099 -- SOCIAL SECURITY BENEFIT STATEMENT

2022

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE FACTS ABOUT YOUR 2022 SOCIAL SECURITY BENEFIT STATEMENT AND NOTICE 703 FOR MORE INFORMATION.

Box 1. Name ██████████	Box 2. Beneficiary's Social Security Number ██████████	
Box 3. Benefits paid in 2022 \$25,741.20	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$25,741.20

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or Direct deposit	\$23,700.00	NONE
Medicare Part B premiums deducted from your benefits	\$2,041.20	
Total Additions	\$25,741.20	
Benefits for 2022	\$25,741.20	
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 8. Claim Number (Use this number if you need to contact SSA.)

DO NOT RETURN THIS FORM TO SSA OR IRS

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2022

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2022		Box 4. Benefits Repaid to SSA in 2022
\$9,673.20		NONE
Box 5. Net Benefits for 2022 (Box 3 minus Box 4)		
\$9,673.20		\$9,673.20
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$7,632.00 Medicare Part B premiums deducted from your benefits \$2,041.20 Total Additions \$9,673.20 Benefits for 2022 \$9,673.20		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld
		NONE
		Box 7. Address
		Box 8. Claim Number (Use this number if you need to contact SSA.)



Department Of Veterans Affairs
110 9th Avenue South
Nashville, TN 37203

July 12, 2016

In Reply Refer To: 320/NCC/DMS
 C 24 804 082
 Sanchez C T

To Whom It May Concern:

The official records of the Department of Veterans Affairs verify [REDACTED] receives \$3,068.90 per month for a service-connected disability and is rated at 80%.

C. S. is paid at the 100% rate due to Individual Unemployability.

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	For Compensation, call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. For Pension, call us at 1-877-294-6380.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444 Toll Free FAX: 1-844-822-5246 Local FAX: 608-373-6690

With sincere regard for the Veteran's service,

RO Director
 VA Regional Office

To email us visit <https://iris.va.gov>

CRSC PAY STATEMENT

STATEMENT EFFECTIVE DATE Sep 21, 2022	PAYMENT DATE SEP 30, 2022	SSN ***-**-****
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RETIREE'S NAME AND ADDRESS	HOW TO CONTACT US
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<p>PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES</p> <p>PAYMENT ADDRESS DIRECT DEPOSIT</p> <p>PAYMENT INFORMATION</p>	<p>Defense Finance and Accounting Service US Military Retirement Pay 8899 E 56th Street Indianapolis, IN 46249-1200</p> <p>COMMERCIAL 317-212-0551 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559</p> <p>myPay https://myPay.dfas.mil</p>
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PAYMENT INFORMATION		ENTITLEMENT INFORMATION	
CRSC Amount	3,298.00	Retired Pay Before Deductions	3,298.00
CRSC Debt Deduction	0.00	Retired Pay Offset By DVA Compensation	3,517.84
CRSC Garnishment Deduction	0.00	CRSC Debt Balance	0.00
CRSC Net Pay	3,298.00	Branch of Military Service	AIR FORCE
		Garnishment Being Withheld	NO

THE DVA OR YOUR BRANCH OF SERVICE PROVIDED THE FOLLOWING

CRSC Special Monthly Compensation Code	00
Unemployable	YES
DVA Disability %	80
Combat Related Disability %	70
Purple Heart %	
CRSC Start Date	JUL 01, 2007
Special Monthly Compensation Start Date	

REMARKS

Please refer to DFAS.mil for information about CRSC and this statement.

CRSC PAY STATEMENT

STATEMENT EFFECTIVE DATE
Dec 09, 2022

PAYMENT DATE
DEC 30, 2022

SSN
***-**-XXXX

RETIREE'S NAME AND ADDRESS

HOW TO CONTACT US

PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES

PAYMENT ADDRESS
DIRECT DEPOSIT

PAYMENT INFORMATION

Defense Finance and Accounting Service
US Military Retirement Pay
8899 E 56th Street
Indianapolis, IN 46249-1200

COMMERCIAL 317-212-0551
TOLL FREE 1-800-321-1080
TOLL FREE FAX 1-800-469-6559

myPay
<https://myPay.dfas.mil>

ENTITLEMENT INFORMATION

CRSC Amount	3,584.00	Retired Pay Before Deductions	3,584.00
CRSC Debt Deduction	0.00	Retired Pay Offset By DVA Compensation	3,823.89
CRSC Garnishment Deduction	0.00	CRSC Debt Balance	0.00
CRSC Net Pay	3,584.00	Branch of Military Service	AIR FORCE
		Garnishment Being Withheld	NO

THE DVA OR YOUR BRANCH OF SERVICE PROVIDED THE FOLLOWING

CRSC Special Monthly Compensation Code	00
Unemployable	YES
DVA Disability %	80
Combat Related Disability %	70
Purple Heart %	
CRSC Start Date	JUL 01, 2007
Special Monthly Compensation Start Date	

REMARKS

Please refer to DFAS.mil for information about CRSC and this statement.