

# Social Security Notice

R A LEWIS  
INFORMATION SHEET FOR RUFUS A LEWIS

155-20-0438A

## BENEFIT DATA:

| EFFECTIVE DATE | AMOUNT    | REASON FOR CHANGE          |
|----------------|-----------|----------------------------|
| JANUARY 1979   | \$ 511.30 | DELAYED RETIREMENT CREDITS |
| JUNE 1979      | \$ 562.00 | COST OF LIVING INCREASE    |
| JUNE 1980      | \$ 642.50 | COST OF LIVING INCREASE    |
| JUNE 1981      | \$ 714.50 | COST OF LIVING INCREASE    |
| JUNE 1982      | \$ 767.20 | COST OF LIVING INCREASE    |

## PAYMENT INFORMATION:

YOU WILL RECEIVE A CHECK IN THE AMOUNT OF \$254.00.

YOUR REGULAR MONTHLY BENEFIT OF \$755.00 IS PAYABLE.

WE WILL CONTINUE TO WITHHOLD MEDICAL INSURANCE PREMIUMS FROM YOUR MONTHLY BENEFITS.

## EARNINGS TEST:

HOW YOUR WORK AND EARNINGS AFFECT YOUR BENEFITS DEPENDS UPON THE AMOUNT OF YOUR EARNINGS. YOU CAN RECEIVE ALL YOUR BENEFITS IF YOUR EARNINGS DO NOT EXCEED THE ANNUAL EXEMPT AMOUNT. IN 1983 THIS AMOUNT IS \$6,600. IF YOU EARN OVER THIS AMOUNT, WE WILL WITHHOLD YOUR FULL MONTHLY BENEFITS UNTIL ONE-HALF OF YOUR EARNINGS OVER \$6,600 HAVE BEEN WITHHELD.

ONCE A PERSON BECOMES ELIGIBLE FOR BENEFITS THERE IS A SPECIAL RULE THAT APPLIES ONLY IN THE FIRST YEAR WITH LITTLE OR NO EARNINGS FOR SOME MONTHS. YOU CAN GET A FULL BENEFIT FOR ANY MONTH YOUR WAGES DO NOT EXCEED 1/12 OF THE ANNUAL EXEMPT AMOUNT AND YOU ARE NOT ACTIVE IN SELF-EMPLOYMENT.

THIS SPECIAL MONTHLY RULE APPLIES ONLY IN ONE YEAR. IN ALL OTHER YEARS, BENEFITS FOR PEOPLE UNDER 70 ARE WITHHELD SOLELY ON THEIR TOTAL ANNUAL EARNINGS REGARDLESS OF THEIR MONTHLY EARNINGS OR THEIR ACTIVITIES IN SELF-EMPLOYMENT.

EARNINGS CAN INCREASE SOCIAL SECURITY BENEFITS. BENEFITS WILL INCREASE AT 65 IF ANY BENEFITS WERE WITHHELD BEFORE THEN BECAUSE YOU WERE WORKING. IF YOU DELAY RETIREMENT UNTIL AFTER 65, WE WILL INCREASE YOUR BENEFIT BY GIVING A CREDIT FOR EACH MONTH PRIOR TO 70 IN WHICH YOU DON'T RECEIVE BENEFITS. IF YOUR BENEFITS HAVE BEEN INCREASED BECAUSE OF YOUR EARNINGS, THE INCREASE WILL BE SHOWN IN THE BENEFIT DATA SECTION OF THIS INFORMATION SHEET.

SEE CONTINUATION SHEET

# **..Social Security Notice ..**

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**FROM: MID-ATLANTIC PROGRAM SERVICE CENTER  
PHILADELPHIA, PENNSYLVANIA 19123**

**DATE: MARCH 02, 1983**

**RUFUS A LEWIS  
801 BOLIVAR ST  
MONTGOMERY AL 36104**

**CLAIM NUMBER: 155-20-0438A**

**A REVIEW OF YOUR RECORD SHOWS YOU WERE NOT PAID BENEFITS FOR SOME MONTHS BECAUSE OF YOUR WORK. TO GIVE CREDIT FOR THOSE MONTHS, WE ARE INCREASING YOUR BENEFITS BEGINNING JANUARY 1979. THIS ALSO MEANS YOU HAVE BEEN UNDERPAID \$254.00.**

**PLEASE SEE THE ATTACHED FOR MORE INFORMATION ABOUT HOW YOUR BENEFITS HAVE BEEN AFFECTED, THE AMOUNT OF YOUR NEXT CHECK AND THE DATE YOU WILL RECEIVE IT, AND AN EXPLANATION OF ANY APPEAL RIGHTS.**

**IF YOU HAVE ANY QUESTIONS, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, PLEASE TAKE THIS NOTICE WITH YOU.**

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

## 1998

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

Box 1. Name

**RUFUS A LEWIS**

Box 2. Beneficiary's Social Security Number

**155-20-0438**

Box 3. Benefits Paid in 1998

**\$17,397.60**

Box 4. Benefits Repaid to SSA in 1998

**NONE**

Box 5. Net Benefits for 1998 (Box 3 minus Box 4)

**\$17,397.60**

**DESCRIPTION OF AMOUNT IN BOX 3**

|  |                    |
|--|--------------------|
| Paid by check or direct deposit              | \$16,872.00        |
| Medicare premiums deducted from your benefit | \$525.60           |
| <b>Total Additions</b>                       | <b>\$17,397.60</b> |

**DESCRIPTION OF AMOUNT IN BOX 4**

**NONE**

Box 6. Voluntary Federal Income Tax Withheld

**NONE**

Box 7. Address

**RUFUS A LEWIS  
801 BOLIVAR ST  
MONTGOMERY AL 36104-4729**

Box 8. Claim Number (Use this number if you need to contact SSA.)

**155-20-0438A**

# Social Security Notice

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R A LEWIS  
INFORMATION SHEET FOR RUFUS A LEWIS - CONTINUATION

155-20-0438A

## APPEAL RIGHTS:

IF YOU DISAGREE WITH OUR DETERMINATION, YOU CAN REQUEST A RECONSIDERATION WITHIN 60 DAYS OF THE DATE YOU RECEIVE THIS NOTICE. IF YOU HAVE ADDITIONAL EVIDENCE TO SUPPORT YOUR CLAIM, YOU SHOULD SUBMIT IT WITH YOUR REQUEST FOR RECONSIDERATION.

PLEASE CALL, WRITE, OR VISIT ANY SOCIAL SECURITY OFFICE IF YOU WANT TO REQUEST RECONSIDERATION. THE PEOPLE THERE WILL BE GLAD TO HELP YOU COMPLETE THE FORM FOR RECONSIDERATION (SSA-561 REQUEST FOR RECONSIDERATION).