2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2020
Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
0000003440 WRC		MJ53	S 10180

c Employer's name, address, and ZIP code
DRIV AUTOMOTIVE INC
500 NORTH FIELD DRIVE
LAKE FOREST, IL 60045

e/f Employee's name, address, and ZIP code
KAUSHAL PRAYAKARAO
8031 QUINCY DR
WESTLAND, MI 48185

b Employer's FED ID number 83-4117479	a Employee's SSA number XXX-XX-1710
1 Wages, tips, other comp. 111227.55	2 Federal income tax withheld 11169.74
3 Social security wages 114494.70	4 Social security tax withheld 7098.67
5 Medicare wages and tips 114494.70	6 Medicare tax withheld 1660.17
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 137.28
14 Other	12b D 3267.15
	12c L 294.11
	12d
	13 Stat emp. / Ret. plan X / 3rd party sick pay
15 State MI / Employer's state ID no. 83-4117479	16 State wages, tips, etc. 111227.55
17 State income tax 4727.13	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

KAUSHAL PRAYAKARAO
8031 QUINCY DR
WESTLAND, MI 48185

Social Security Number: XXX-XX-1710

Fold and Detach Here

Federal Filing Copy

1 Wages, tips, other comp. 111227.55	2 Federal income tax withheld 11169.74
3 Social security wages 114494.70	4 Social security tax withheld 7098.67
5 Medicare wages and tips 114494.70	6 Medicare tax withheld 1660.17

d Control number	Dept.	Corp.	Employer use only
0000003440 WRC		MJ53	10180

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DRIV AUTOMOTIVE INC
500 NORTH FIELD DRIVE
LAKE FOREST, IL 60045

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7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 137.28
14 Other	12b D 3267.15
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e/f Employee's name, address and ZIP code
KAUSHAL PRAYAKARAO
8031 QUINCY DR
WESTLAND, MI 48185

15 State MI / Employer's state ID no. 83-4117479	16 State wages, tips, etc. 111227.55
17 State income tax 4727.13	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2020 OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

FOLD AND DETACH HERE

MI. State Filing Copy

1 Wages, tips, other comp. 111227.55	2 Federal income tax withheld 11169.74
3 Social security wages 114494.70	4 Social security tax withheld 7098.67
5 Medicare wages and tips 114494.70	6 Medicare tax withheld 1660.17

d Control number	Dept.	Corp.	Employer use only
0000003440 WRC		MJ53	10180

c Employer's name, address, and ZIP code
DRIV AUTOMOTIVE INC
500 NORTH FIELD DRIVE
LAKE FOREST, IL 60045

b Employer's FED ID number 83-4117479	a Employee's SSA number XXX-XX-1710
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	12d
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e/f Employee's name, address and ZIP code
KAUSHAL PRAYAKARAO
8031 QUINCY DR
WESTLAND, MI 48185

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17 State income tax 4727.13	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

MI. State Filing Copy
W-2 Wage and Tax Statement 2020 OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

FOLD AND DETACH HERE

City or Local Filing Copy

1 Wages, tips, other comp. 111227.55	2 Federal income tax withheld 11169.74
3 Social security wages 114494.70	4 Social security tax withheld 7098.67
5 Medicare wages and tips 114494.70	6 Medicare tax withheld 1660.17

d Control number	Dept.	Corp.	Employer use only
0000003440 WRC		MJ53	10180

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DRIV AUTOMOTIVE INC
500 NORTH FIELD DRIVE
LAKE FOREST, IL 60045

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7 Social security tips	8 Allocated tips
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11 Nonqualified plans	12a C 137.28
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e/f Employee's name, address and ZIP code
KAUSHAL PRAYAKARAO
8031 QUINCY DR
WESTLAND, MI 48185

15 State MI / Employer's state ID no. 83-4117479	16 State wages, tips, etc. 111227.55
17 State income tax 4727.13	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

City or Local Filing Copy
W-2 Wage and Tax Statement 2020 OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement 2020

Copy C for employee's records. OMB No. 1545-0008

d Control number	0000000485 R8Y
Dept.	
Corp.	AWN1
Employer use only	S 2724
c Employer's name, address, and ZIP code	MAHLE INDUSTRIES ONE MAHLE DRIVE MORRISTOWN, TN 37815-0748
e/f Employee's name, address, and ZIP code	RAJINI R KUSUKUNTLA 8031 QUINCY DRIVE WESTLAND, MI 48185
b Employer's FED ID number	20-0071836
a Employee's SSA number	XXX-XX-9721
1 Wages, tips, other comp.	82905.48
2 Federal income tax withheld	7609.68
3 Social security wages	90486.24
4 Social security tax withheld	5610.15
5 Medicare wages and tips	90486.24
6 Medicare tax withheld	1312.05
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	D 7580.76
12b	DD 17402.76
12c	
12d	
13 Stat emp. / Ret. plan / 3rd party sick pay	Ret. plan: X
14 Other	
15 State	MI
Employer's state ID no.	20-0071836
16 State wages, tips, etc.	82905.48
17 State income tax	3523.44
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

Social Security Number: XXX-XX-9721

RAJINI R KUSUKUNTLA
8031 QUINCY DRIVE
WESTLAND, MI 48185

Fold and Detach Here

Federal Filing Copy

W-2 Wage and Tax Statement 2020

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp.	82905.48
2 Federal income tax withheld	7609.68
3 Social security wages	90486.24
4 Social security tax withheld	5610.15
5 Medicare wages and tips	90486.24
6 Medicare tax withheld	1312.05
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Dept.	
Corp.	AWN1
Employer use only	2724
c Employer's name, address, and ZIP code	MAHLE INDUSTRIES ONE MAHLE DRIVE MORRISTOWN, TN 37815-0748
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a Employee's SSA number	XXX-XX-9721
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	D 7580.76
12b	DD 17402.76
12c	
12d	
13 Stat emp. / Ret. plan / 3rd party sick pay	Ret. plan: X
14 Other	
e/f Employee's name, address and ZIP code	RAJINI R KUSUKUNTLA 8031 QUINCY DRIVE WESTLAND, MI 48185
15 State	MI
Employer's state ID no.	20-0071836
16 State wages, tips, etc.	82905.48
17 State income tax	3523.44
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

FOLD AND DETACH HERE

MI. State Filing Copy

W-2 Wage and Tax Statement 2020

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1 Wages, tips, other comp.	82905.48
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3 Social security wages	90486.24
4 Social security tax withheld	5610.15
5 Medicare wages and tips	90486.24
6 Medicare tax withheld	1312.05
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Dept.	
Corp.	AWN1
Employer use only	2724
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14 Other	
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Employer's state ID no.	20-0071836
16 State wages, tips, etc.	82905.48
17 State income tax	3523.44
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

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City or Local Filing Copy

W-2 Wage and Tax Statement 2020

Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp.	82905.48
2 Federal income tax withheld	7609.68
3 Social security wages	90486.24
4 Social security tax withheld	5610.15
5 Medicare wages and tips	90486.24
6 Medicare tax withheld	1312.05
d Control number	0000000485 R8Y
Dept.	
Corp.	AWN1
Employer use only	2724
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18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to *www.irs.gov/form1095C* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251 600120

2020

Part I Employee			2 Social security number (SSN)	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN)
			XXX-XX-9721			20-0071836
1 Name of employee (first name, middle initial, last name)				7 Name of employer		
RAJINI	R	KUSUKUNTLA		MAHLE INDUSTRIES INCORPORATED		
3 Street address (including apartment no.)				9 Street address (including room or suite no.)	10 Contact telephone number	
8031 QUINCY DRIVE				23030 MAHLE DRIVE	2483058200	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code		11 City or town	12 State or province	13 Country and ZIP or foreign postal code
WESTLAND	MI	US 48185		FARMINGTON HILLS	MI	US 48335

Part II Employee Offer of Coverage — Employee's Age on January 1 — **Plan Start Month** (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	$ 55.00	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

Part III **Covered Individuals**
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	RAJINI	R	KUSUKUNTLA	XXX-XX-9721		X												
19	KAUSHAL		PRAYAKARAO	XXX-XX-1710		X												
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		

600120

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to *www.irs.gov/Form1095C* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB. No. 1545-2251
2020

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
KAUSHAL PRAYAKARAO	XXX-XX-1710

3 Street address (including apartment no.)
8031 QUINCY DR

4 City or town	5 State or province	6 Country and ZIP or foreign postal code
WESTLAND	MI	US 48185

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
DRiV Automotive Inc.	83-4117479

9 Street address (including room or suite no.)	10 Contact telephone number
500 NORTH FIELD DRIVE	844-249-6992

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
LAKE FOREST	IL	US 60045

Part II Employee Offer of Coverage

Employee's Age on January 1: 34

Plan Start Month (Enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$ 139.64	$ 139.64	$ 139.64	$ 139.64	$ 139.64	$ 139.64	$ 139.64	$ 139.64	$ 139.64	$ 139.64	$ 139.64	$ 139.64
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

RECIPIENT'S/LENDER'S name, address, and telephone no.	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380	☐ CORRECTED (if checked)
Pulte Mortgage, LLC 7390 S. Iola Street Englewood, Co 80112 1-800-488-0053		2020 Form 1098	**Mortgage Interest Statement**

RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	1 Mortgage interest received from payer(s)/borrower(s)*	Copy B For Payer/ Borrower
42-1554181	618-75-1710	$ 2,075.06	

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		
14827 + 1989645 000014827 9072 KAUSHAL PRAYAKARAO 8031 QUINCY DR WESTLAND MI 48185-3849	2 Outstanding mortgage principal $ 321,538.60	3 Mortgage origination date 11/21/2019
	4 Refund of overpaid interest $ .00	5 Mortgage insurance premiums $ .00
	6 Points paid on purchase of principal residence $ .00	
9 Number of properties securing the mortgage	7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. ☒	
10 Other	8 Address or description of property securing mortgage (see instructions)	
Account number (see instructions) 0001026781	11 Mortgage acquisition date	

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

Form **1098** (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

LATE CHARGES	.00
INTEREST ON ESCROW	.00
CURRENT TOTAL PAYMENT	2,272.17
CURRENT ESCROW PAYMENT	757.94

DISBURSEMENT ACTIVITY 2020:

PROPERTY TAXES	224.27-

PRINCIPAL ACTIVITY 2020:

BEGINNING BALANCE	321,538.60
PAYMENTS APPLIED	953.40
REMAINING BALANCE	320,585.20

ESCROW ACTIVITY 2020:

BEGINNING ESCROW BALANCE	3,024.26
TOTAL DEPOSITS	1,740.15
TOTAL DISBURSEMENTS	4,764.41
CLOSING ESCROW BALANCE	.00

YOUR CLOSING ESCROW BALANCE IS BEING HELD FOR PAYMENT OF BILLS AS THEY BECOME DUE.

2020 NET INTEREST PAYMENTS REPORTED TO IRS ****** 2,075.06

K9814XNCH12-20

0001-0001-29653

ACCOUNT NUMBER: 0001026781

OUR RECORDS SHOW YOUR SOCIAL SECURITY OR TAX I.D. NUMBER AS:

BORROWER: 618-75-1710

IF THIS IS CORRECT, NO RESPONSE IS NECESSARY. IF THE NUMBER SHOWN IS INCORRECT OR IF NO NUMBER IS SHOWING, PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM, DETACH AND MAIL TO:

PULTE MORTGAGE, LLC
Post Closing Customer Care
7390 S. IOLA STREET
ENGLEWOOD, CO 80112

Michigan Department of Treasury,
1019 (Rev. 10-20)

THIS IS NOT A TAX BILL

L-4400

Notice of Assessment, Taxable Valuation, and Property Classification

18454

This form is issued under the authority of P.A. 206 of 1893, Sec. 211.24 (c) and Sec.211.34c, as amended. This is a model assessment notice to be used by the local assessor.

FROM (734) 467-3160
CITY OF WESTLAND
36300 WARREN
WESTLAND MI 48185

PARCEL IDENTIFICATION

PARCEL CODE NUMBER: **56 017 01 0030 000**

PROPERTY ADDRESS:

8031 QUINCY
WESTLAND, MI 48185

NAME AND ADDRESS OF OWNER OR PERSON NAMED ON ASSESSMENT ROLL:

*********AUTO**5-DIGIT 48185
PRAYAKARAO, K-KUSUKUNTLA R
8031 QUINCY DR
WESTLAND, MI 48185-3849

PRINCIPAL RESIDENCE EXEMPTION

% Exempt As "Homeowners Principal Residence":	100.00%
% Exempt As "Qualified Agricultural Property":	.00%
% Exempt As "MBT Industrial Personal":	.00%
% Exempt As "MBT Commercial Personal":	.00%
Exempt As "Qualified Forest Property":	☐ Yes ☒ No
Exempt As "Development Property":	☐ Yes ☒ No

ACCORDING TO MCL 211.34c THIS PROPERTY IS CLASSIFIED AS: 401 (RESIDENTIAL-IMPROVED)

PRIOR YEAR'S CLASSIFICATION: 401 (RESIDENTIAL-IMPROVED)

The change in taxable value will increase/decrease your tax bill for this year by approximately: **$-97**	PRIOR AMOUNT YEAR: 2020	CURRENT TENTATIVE AMOUNT YEAR: 2021	CHANGE FROM PRIOR YEAR TO CURRENT YEAR
1. TAXABLE VALUE (Current amount is tentative):	175,500	173,500	-2,000
2. ASSESSED VALUE:	175,500	173,500	-2,000
3. TENTATIVE EQUALIZATION FACTOR: 1.000			
4. STATE EQUALIZED VALUE (Current amount is tentative):	175,500	173,500	-2,000
5. There WAS/WAS NOT a transfer of ownership on this property in 2020. **WAS NOT**			

The 2021 Inflation rate Multiplier is: 1.014

Legal Description: UNIT 30
WAYNE COUNTY CONDOMINIUM SUBDIVISION PLAN NO 1086
AKA NANKIN MILLS VILLAGE
T2S R9E L54234 P1335 WCR

March Board of Review Appeal Information:
The Taxable Value, the Assessed Value, the State Equalized Value, the Property Classification, or the Transfer of Ownership may be appealed by filing a protest with the Local Board of Review. Protests are made to the Board of Review by completing a Board of Review Petition Form. A Petition Form may be obtained directly from the local unit or from the State Tax Commission's website at www.michigan.gov/taxes. Click on the "Property Taxes" box, select "Forms and Instructions," then click on "Board of Review" to obtain a "Petition to the Board of Review," Form 618 (L-4035).

YOU HAVE THE RIGHT TO PROTEST YOUR ASSESSED VALUE/CLASSIFICATION IN WRITING OR IN PERSON. IN PERSON APPEALS ARE BY APPOINTMENT ONLY. THE BOARD OF REVIEW WILL MEET IN COUNCIL CHAMBERS MARCH 8, 1:00 - 9:00PM, MARCH 9, 1:00 PM - 4:00 PM, AND MARCH 11, 10:00 AM - 1:00 PM FOR APPOINTMENTS. MARCH 11, 1:00 PM - 4:00 PM FOR MAIL IN APPEALS ONLY. ALL WRITTEN APPEALS MUST BE RECEIVED BY 1:00 PM ON THURSDAY MARCH 11, 2021.TO SCHEDULE AN APPOINTMENT CALL: (734) 467-3160.

NOT LESS THAN 14 DAYS before the meeting of the Board of Review, the assessment notice shall be mailed to the property owner.

Property taxes were calculated on the Taxable Value (see line 1 above). The Taxable Value number entered in the "Change from Prior Year to Current Year" column, does not indicate a change in your taxes. This number indicates the change in Taxable Value.

State Equalized Value is the Assessed Value multiplied by the Equalized Factor, if any. State Equalized Value must appoximate 50% of the market value.

IF THERE WAS A TRANSFER OF OWNERSHIP on your property in 2020, your 2021 Taxable Value will be the same as your 2021 State Equalized Value.

IF THERE WAS NOT A TRANSFER OF OWNERSHIP on your property in 2020, your 2021 Taxable Value is calculated by multiplying your 2020 Taxable Value by 1.014 (Inflation Rate Multiplier for the current year). Physical changes in your property may also increase or decrease your Taxable Value. Your 2020 Taxable Value cannot be higher than your 2020 State Equalized Value.

The denial of an exemption from the local school operating tax for "qualified agricultural properties" may be appealed to the local Board of Review. The denial of an exemption from the local school operating tax for a "homeowner's principal residence" may be appealed to the Michigan Tax Tribunal by the filing of a petition within 35 days of issuance of this notice. The petition must be a Michigan Tax Tribunal form or a form approved by the MichiganTax Tribunal. Michigan Tax Tribunal forms are available at www.michigan.gov/taxtrib.

Filing a protest at the Board of Review is necessary to protect your right to further appeal valuation and exemption disputes to the Michigan Tax Tribunal and classification appeals to the State Tax Commission. Properties classified Commercial Real, Industrial Real or Developmental Real may be appealed to the regular March Board of Review or to the Michigan Tax Tribunal by filing a petition by May 31. Commercial Personal, Industrial Personal, or Utility Personal Property may be appealed to the regular March Board of Review or to the Michigan Tax Tribunal by filing of a petition by May 31 if a personal property statement was filed with the local unit prior to the commencement of the Board of Review as provided by MCL 211.19, except as otherwise provided by MCL 211.9m, 211.9n and 211.9o. The petition must be a Michigan Tax Tribunal form or a form approved by the Michigan Tax Tribunal. Michigan Tax Tribunal forms are available at www.michigan.gov/taxtrib.

To claim a PRE, complete the "Principal Residence Exemption Affidavit" (Form 2368) and file it with your township or city of the year of the claim. A valid affidavit filed on or before June1 allows an owner to receive a PRE on the current year summer and winter tax levy and subsequent tax levies so long as it remains the owner's principal residence. A valid affidavit filed ater June 1 and on or before November 1 allows an owner to receive a PRE on the current winter tax levy and subsequent tax levies so long as it remains the owner's principal residence.

DIGITAL FEDERAL CREDIT UNION
220 DONALD LYNCH BLVD
MARLBOROUGH MA 01752

KAUSHAL PRAYAKARAO
8031 QUINCY DR
WESTLAND MI 48185-3849

5268

☐ CORRECTED (if checked)

Interest Income

Copy B

For Recipient

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	DIGITAL FEDERAL CREDIT UNION 220 DONALD LYNCH BLVD MARLBOROUGH MA 01752
Payer's RTN (optional)	
OMB No. 1545-0112	2020 Form **1099-INT**
1 Interest income	$ 135.39
2 Early withdrawal penalty	$
PAYER'S TIN	04-2683316
RECIPIENT'S TIN	XXX-XX-1710
3 Interest on U.S. Savings Bonds and Treas. obligations	$
RECIPIENT'S name	KAUSHAL PRAYAKARAO 8031 QUINCY DR WESTLAND MI 48185
4 Federal income tax withheld	$
5 Investment expenses	$
6 Foreign tax paid	$
7 Foreign country or U.S. possession	
8 Tax-exempt interest	$
9 Specified private activity bond interest	$
10 Market discount	$
11 Bond premium	$
FATCA filing requirement	☐
12 Bond premium on Treasury obligations	$
13 Bond premium on tax-exempt bond	$
Account number (see instructions)	5481506
14 Tax-exempt and tax credit bond CUSIP no.	
15 State	
16 State identification no.	
17 State tax withheld	$ $

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-INT** (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

CITY OF WESTLAND

T A X C E R T I F I C A T I O N

School: 82095

TAX SUMMARY FOR CALENDAR YEAR 2020

Property #: 56 017 01 0030 000

SITE ADDRESS:
8031 QUINCY

CITY OF WESTLAND TAXES
PO BOX 554887
DETROIT MI 48255-4887

SEV	175,500
AV	175,500
TAXV	175,500

1978 1 AV 0.398 1978 - 1978 - 4

11800

PRAYAKARAO, K-KUSUKUNTLA R
8031 QUINCY
WESTLAND MI 48185-3849

Mortgage Company of Record:
00920

Prop Type : RESIDENTIAL - IMPROVED
PRE/MBT %: 100

Summer Tax Bill
===============

MILLS	TAX TYPE	TAX AMOUNT
9.00000	SCHOOL OPERATING	0.00
2.05000	SCHOOL DEBT	359.77
0.79670	SCH SINKING FUND	139.82
6.00000	SCHOOL ST ED TX	1,053.00
6.38510	CITY OPERATING	1,120.58
0.02720	CITY DEBT/ECN	4.77
8.00000	CITY P/F RET	1,404.00
2.39360	CITY REFUSE	420.07
1.00000	CITY SANITATION	175.50
0.93330	CITY LIBRARY	163.79
5.64830	COUNTY OPERATING	991.27
0.09650	RESA OPERATING	16.93
3.36780	RESA SPECIAL ED	591.04
2.00000	RESA ENHANCEMENT	351.00
2.27000	COUNTY SCCC	398.38
9.00000	SCHOOL OPER FC	0.00

TOTAL TAXES	7,189.92
ADMIN FEE	71.89
INTEREST	0.00
TOTAL BILL	7,261.81

SUMMER
TOTAL PAID: 7,261.81
DATE PAID : 08/25/2020

Winter Tax Bill
===============

MILLS	TAX TYPE	TAX AMOUNT
9.00000	SCHOOL OPERATING	0.00
2.05000	SCHOOL DEBT	359.77
0.79670	SCH SINKING FUND	139.82
0.98970	COUNTY OPERATING	173.69
0.24590	COUNTY PARKS	43.15
0.21040	COUNTY HCMA	36.92
0.93810	COUNTY JAIL	164.63
0.99910	COUNTY TRANSIT	175.34
0.10000	COUNTY ZOO	17.55
0.20000	COUNTY DIA	35.10
0.97490	CITY LIBRARY	171.09
0.01770	COUNTY SCCC	3.10
9.00000	SCHOOL OPER FC	0.00
0.00000	MAJLIGHT	6.97

TOTAL TAXES	1,327.13
ADMIN FEE	13.27
INTEREST	0.00
TOTAL BILL	1,340.40

WINTER
TOTAL PAID: 1,340.40
DATE PAID : 12/22/2020

NOT A BILL

Date Prepared: 01/25/2021

INFORMATION FOR INCOME TAX PURPOSES

Annual Tax and Interest Statement

Reporting Date: 12/31/2020
Arvest Central Mortgage Company
801 John Barrow, Suite 1
Little Rock, AR 72205
Tax ID 62-1684387

Loan ID XXXX026781
Payer's/Borrower's TIN XXX-XX-1710

OMB No. 1545-1380

2020

Mortgage Interest Statement Form 1098

1-(844)-853-4374
Direct telephone no. of person to call with questions about this form

4635 0.4500 AB 0.428 13 1 275 **********AUTO**ALL FOR AADC 481
KAUSHAL PRAYAKARAO
8031 QUINCY DRIVE
WESTLAND MI 48185-3849

Principal Balance Information	
Ending Principal Balance	$0.00
Principal Applied	$320,585.20
Negative Amortization	$0.00
Assistance Amount	$0.00

1098 Information	
1 Mortgage interest received from payer(s)/borrower(s) *	$8,070.42
2 Outstanding mortgage principal	$320,585.20
3 Mortgage origination date	11/21/2019
4 Refund of overpaid interest	$0.00
5 Mortgage insurance premiums	
6 Points paid on purchase of principal residence	$0.00
8 Address or description of property securing mortgage (see instructions) ** 8031 QUINCY DRIVE, WESTLAND, MI 48185	
9 Number of properties securing the mortgage	
10 Other - Real estate taxes paid	$7,261.81
11 Mortgage acquisition date	03/01/2020

Escrow Information	
Beginning Balance	$4,764.41
Deposits	$7,194.13
Property Taxes	$7,261.81
Insurance	$0.00
Other Disbursements	$4,696.73
Ending Balance	$0.00
Escrow Int /Div Paid	$0.00
Escrow Int /Div Withheld	$0.00
Int /Div On Loss Draft Paid	$0.00
Int /Div on Loss Draft Withheld	$0.00

***Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

Copy B For Payer/Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least $600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040 or 1040-SR) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN) However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

CAUTION *If you prepaid interest in 2020 that accrued in full by January 15, 2021, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2020 even though it may be included in box 1.*

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness and you may be subject to a deduction limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1, 2020. If the mortgage originated in 2020, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2020, shows the mortgage principal as of the date of acquisition

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your 2020 Schedule 1 (Form 1040 or 1040-SR). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the 2020 Schedule A (Form 1040 or 1040-SR) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 8. This is the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in 2020, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1098*.