

# 2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2021	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number 0000003440 WRC	Dept. MJ53	Corp. S	Employer use only 10730
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. 125879.78	2 Federal income tax withheld 13668.50		
3 Social security wages 129561.38	4 Social security tax withheld 8032.81		
5 Medicare wages and tips 129561.38	6 Medicare tax withheld 1878.64		
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   3681.60		
	12c L   262.21		
	12d W   3014.54		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State MI	Employer's state ID no. 83-4117479	16 State wages, tips, etc. 125879.78	
17 State income tax 5349.93		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



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1 Wages, tips, other comp. 125879.78	2 Federal income tax withheld 13668.50	3 Social security wages 129561.38	4 Social security tax withheld 8032.81	5 Medicare wages and tips 129561.38	6 Medicare tax withheld 1878.64
d Control number 0000003440 WRC	Dept. MJ53	Corp. S	Employer use only 10730		
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Federal Filing Copy

W-2 Wage and Tax Statement 2021

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

MI. State Filing Copy

W-2 Wage and Tax Statement 2021

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

City or Local Filing Copy

W-2 Wage and Tax Statement 2021

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

# 2021 W-2 and EARNINGS SUMMARY

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2021**  
Copy C for employee's records. OMB No. 1545-0008

d Control number 0000003440 WRC	Dept.	Corp. MJ53	Employer use only S 10731
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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.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 DD 10196.73		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

KAUSHAL PRAYAKARAO  
8031 QUINCY DR  
WESTLAND, MI 48185

Social Security Number: XXX-XX-1710

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1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number 0000003440 WRC	Dept. MJ53 Corp. Employer use only 10731
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15 State Employer's state ID no.	16 State wages, tips, etc.
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e/f Employee's name, address and ZIP code KAUSHAL PRAYAKARAO 8031 QUINCY DR WESTLAND, MI 48185	
15 State Employer's state ID no.	16 State wages, tips, etc.
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**State Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

**City or Local Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

# 2021 W-2 and EARNINGS SUMMARY

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2021**  
Copy C for employee's records. OMB No. 1545-0008

d Control number 0000000485 R8Y	Dept.	Corp. AWN1	Employer use only S 2574
c Employer's name, address, and ZIP code <b>MAHLE INDUSTRIES ONE MAHLE DRIVE MORRISTOWN, TN 37815-0748</b>			
e/f Employee's name, address, and ZIP code <b>RAJINI R KUSUKUNTLA 8031 QUINCY DRIVE WESTLAND, MI 48185</b>			
b Employer's FED ID number 20-0071836	a Employee's SSA number XXX-XX-9721		
1 Wages, tips, other comp. 23763.13	2 Federal income tax withheld 2004.55		
3 Social security wages 26199.77	4 Social security tax withheld 1624.39		
5 Medicare wages and tips 26199.77	6 Medicare tax withheld 379.90		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D   2436.64		
14 Other	12b DD 3806.18		
	12c		
	12d		
13 Stat emp. Ret. plan 3rd party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15 State Employer's state ID no. MI 20-0071836	16 State wages, tips, etc. 23763.13		
17 State income tax 1009.92	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.

**RAJINI R KUSUKUNTLA  
8031 QUINCY DRIVE  
WESTLAND, MI 48185**

Social Security Number: XXX-XX-9721



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1 Wages, tips, other comp. 23763.13	2 Federal income tax withheld 2004.55
3 Social security wages 26199.77	4 Social security tax withheld 1624.39
5 Medicare wages and tips 26199.77	6 Medicare tax withheld 379.90
d Control number 0000000485 R8Y	Dept. AWN1 Corp. AWN1 Employer use only 2574
c Employer's name, address, and ZIP code <b>MAHLE INDUSTRIES ONE MAHLE DRIVE MORRISTOWN, TN 37815-0748</b>	
b Employer's FED ID number 20-0071836	a Employee's SSA number XXX-XX-9721
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e/f Employee's name, address and ZIP code <b>RAJINI R KUSUKUNTLA 8031 QUINCY DRIVE WESTLAND, MI 48185</b>	
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17 State income tax 1009.92	18 Local wages, tips, etc.
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# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

**Part I Employee**

**Applicable Large Employer Member (Employer)**

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

**Part II Employee Offer of Coverage**

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): **01**

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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2021)

**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	<b>RAJINI KUSUKUNTLA</b>	<b>XXX-XX-9721</b>			X	X	X										
19	<b>KAUSHAL PRAYAKARAO</b>	<b>XXX-XX-1710</b>			X	X	X	X	X	X	X						
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

# Employer-Provided Health Insurance Offer and Coverage

VOID  
 CORRECTED

Do not attach to your tax return. Keep for your records.  
 Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

**Part I Employee**

1 Name of employee (first name, middle initial, last name) <b>KAUSHAL PRAYAKARAO</b>			2 Social security number (SSN) <b>XXX-XX-1710</b>			7 Name of employer <b>DRiV Automotive Inc.</b>			8 Employer identification number (EIN) <b>83-4117479</b>		
3 Street address (including apartment no.) <b>8031 QUINCY DR</b>						9 Street address (including room or suite no.) <b>500 NORTH FIELD DRIVE</b>			10 Contact telephone number <b>844-249-6992</b>		
4 City or town <b>WESTLAND</b>		5 State or province <b>MI</b>		6 Country and ZIP or foreign postal code <b>US 48185</b>		11 City or town <b>LAKE FOREST</b>		12 State or province <b>IL</b>		13 Country and ZIP or foreign postal code <b>US 60045</b>	

**Part II Employee Offer of Coverage**

	All 12 Months	Employee's Age on January 1 <b>35</b>												Plan Start Month (Enter 2-digit number): <b>01</b>	
		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	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	\$139.64	\$139.64
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)					2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	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	KAUSHAL PRAYAKARAO	XXX-XX-1710		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Rajini Reddy Kusukuntla	XXX-XX-9721		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	Arjuna Sudhanva Reddy Prayakarao		2021-10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTHQUITY CORPORATE  
15 WEST SCENIC POINTE DRIVE SUITE 400  
DRAPER, UT 84020



KAUSHAL PRAYAKARAO      \*\*N0221624  
8031 QUINCY DR  
WESTLAND, MI 48185

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>HEALTHQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020</b>		OMB No. 1545-1517 Form <b>1099-SA</b> (Rev. November 2019) For calendar year <b>2021</b>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>	
PAYER'S TIN <b>52-2383166</b>	RECIPIENT'S TIN <b>***-**-1710</b>	<b>1</b> Gross distribution <b>\$ 2,627.21</b>	<b>2</b> Earnings on excess cont. <b>\$ 0.00</b>		<b>Copy B For Recipient</b>
RECIPIENT'S name <b>KAUSHAL PRAYAKARAO</b>		<b>3</b> Distribution code <b>1</b>	<b>4</b> FMV on date of death <b>\$ 0.00</b>		
Street address (including apt. no.) <b>8031 QUINCY DR</b>		<b>5</b> HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code <b>WESTLAND, MI 48185</b>					
Account number (see instructions) <b>22101027</b>					

Form **1099-SA** (Rev. 11-2019) (keep for your records) [www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA) Department of the Treasury - Internal Revenue Service

### Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

**Recipient'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 identification number to the IRS.

**Spouse beneficiary.** If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

**Estate beneficiary.** If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

**Nonspouse beneficiary.** If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**Box 1.** Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

**Box 2.** Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

**Box 3.** These codes identify the distribution you received: 1—Normal distribution; 2—Excess contributions; 3—Disability; 4—Death distribution other than code 6; 5—Prohibited transaction; 6—Death distribution after year of death to a nonspouse beneficiary.

**Box 4.** If the account holder died, shows the FMV of the account on the date of death.

**Box 5.** Shows the type of account that is reported on this Form 1099-SA.

**Future developments.** For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA).

HEALTHQUITY CORPORATE  
 15 WEST SCENIC POINTE DRIVE SUITE 400  
 DRAPER, UT 84020

KAUSHAL PRAYAKARAO  
 8031 QUINCY DR  
 WESTLAND, MI 48185

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>HEALTHQUITY CORPORATE          15 WEST SCENIC POINTE DRIVE SUITE 400          DRAPER, UT 84020</b>		<b>1</b> Employee or self-employed person's Archer MSA contributions made in 2021 and 2022 for 2021 <b>\$0.00</b>	OMB No. 1545-1518  <b>2021</b>  Form <b>5498-SA</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
		<b>2</b> Total contributions made in 2021 <b>\$2,829.13</b>		
TRUSTEE'S TIN <b>52-2383166</b>	PARTICIPANT'S TIN <b>***-**-1710</b>	<b>3</b> Total HSA or Archer MSA contributions made in 2022 for 2021 <b>\$0.00</b>		<b>Copy B</b>  <b>For Participant</b>  This information is being furnished to the IRS.
PARTICIPANT'S name <b>KAUSHAL PRAYAKARAO</b>		<b>4</b> Rollover contributions <b>\$0.00</b>	<b>5</b> Fair market value of HSA, Archer MSA, or MA MSA <b>\$ 200.01</b>	
Street address (including apt. no.) <b>8031 QUINCY DR</b>		<b>6</b> HSA <input checked="" type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code <b>WESTLAND, MI 48185</b>		Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions) <b>22101027</b>				

Form **5498-SA**

(keep for your records)

[www.irs.gov/Form5498SA](http://www.irs.gov/Form5498SA)

Department of the Treasury - Internal Revenue Service

### Instructions for Participant

This information is submitted to the IRS by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and aren't deductible by you. If your employer makes a contribution to one of your Archer MSAs, you can't contribute to any Archer MSA for that year. If you made a contribution to your Archer MSA when your employer has contributed, you can't deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you can't make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA aren't includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

**Participant's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete TIN to the IRS.

**Account number.** May show an account or other unique number the trustee assigned to distinguish your account.

**Box 1.** Shows contributions you made to your Archer MSA in 2021 and through April 18, 2022, for 2021. You may be able to deduct this amount on your 2021 Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

**Note:** The information in boxes 2 and 3 is provided for IRS use only.

**Box 2.** Shows the total contributions made in 2021 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA isn't required to, but may, show contributions to your MA MSA.

**Box 3.** Shows the total HSA or Archer MSA contributions made in 2022 for 2021.

**Box 4.** Shows any rollover contribution from an Archer MSA to this Archer MSA in 2021 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

**Box 5.** Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2021.

**Box 6.** Shows the type of account that is reported on this Form 5498-SA.


**Other information.** The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

**Note:** Don't attach Form 5498-SA to your income tax return. Instead, keep it for your records.

**Future developments.** For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form5498SA](http://www.irs.gov/Form5498SA).

**Notice of Assessment, Taxable Valuation, and Property Classification**

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	<p style="text-align: center;"><b>PARCEL IDENTIFICATION</b></p> PARCEL CODE NUMBER: <b>017 01 0030 000</b>  PROPERTY ADDRESS: <p style="text-align: center;"><b>8031 QUINCY WESTLAND, MI 48185</b></p>
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 	<p style="text-align: center;"><b>PRINCIPAL RESIDENCE EXEMPTION</b></p> % Exempt As "Homeowners Principal Residence": <b>100.00%</b> % Exempt As "Qualified Agricultural Property": <b>.00%</b> % Exempt As "MBT Industrial Personal": <b>.00%</b> % Exempt As "MBT Commercial Personal": <b>.00%</b> Exempt As "Qualified Forest Property": <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt As "Development Property": <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <b>\$277</b>	PRIOR AMOUNT YEAR: 2021	CURRENT TENTATIVE AMOUNT YEAR: 2022	CHANGE FROM PRIOR YEAR TO CURRENT YEAR
1. TAXABLE VALUE (Current amount is tentative):	173,500	179,225	5,725
2. ASSESSED VALUE:	173,500	183,900	10,400
3. TENTATIVE EQUALIZATION FACTOR: 1.000			
4. STATE EQUALIZED VALUE (Current amount is tentative):	173,500	183,900	10,400
5. There WAS/WAS NOT a transfer of ownership on this property in 2021 . <b>WAS NOT</b>			

**The 2022 Inflation rate Multiplier is: 1.033**

**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](http://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 14, 9:00 AM - 12:00 PM, MARCH 17, 1:00 PM - 9:00 PM, AND MARCH 18, 10:00 AM - 1:00 PM FOR APPOINTMENTS. ALL WRITTEN APPEALS MUST BE RECEIVED BY 1:00 PM ON FRIDAY MARCH 18, 2022. 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 approximate 50% of the market value.

IF THERE WAS A TRANSFER OF OWNERSHIP on your property in 2021, your 2022 Taxable Value will be the same as your 2022 State Equalized Value.

IF THERE WAS NOT A TRANSFER OF OWNERSHIP on your property in 2021, your 2022 Taxable Value is calculated by multiplying your 2021 Taxable Value by 1.033 (Inflation Rate Multiplier for the current year). Physical changes in your property may also increase or decrease your Taxable Value. Your 2022 Taxable Value cannot be higher than your 2022 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 Michigan Tax Tribunal. Michigan Tax Tribunal forms are available at [www.michigan.gov/taxtrib](http://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](http://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 June 1 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 after 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.



CITY OF WESTLAND

TAX CERTIFICATION  
TAX SUMMARY FOR CALENDAR YEAR 2021

School: 82095

Property #: 56 017 01 0030 000

SITE ADDRESS:  
8031 QUINCY

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

2096 1 AV 0.426                      2096 - 2096 - 4  
  
 PRAYAKARAO, K-KUSUKUNTLA R  
 8031 QUINCY  
 WESTLAND MI 48185-3849

SEV            173,500  
 AV            173,500  
 TAXV        173,500

Mortgage Company of Record:  
NONE

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

Summer Tax Bill

Winter Tax Bill

MILLS	TAX TYPE	TAX AMOUNT
9.00000	SCHOOL OPERATING	0.00
2.05000	SCHOOL DEBT	355.67
0.79300	SCH SINKING FUND	137.58
6.00000	SCHOOL ST ED TX	1,041.00
6.31350	CITY OPERATING	1,095.39
0.02620	CITY DEBT/ECN	4.54
8.00000	CITY P/F RET	1,388.00
2.36670	CITY REFUSE	410.62
1.00000	CITY SANITATION	173.50
0.92280	CITY LIBRARY	160.10
5.63470	COUNTY OPERATING	977.62
0.09620	RESA OPERATING	16.69
3.35960	RESA SPECIAL ED	582.89
1.99620	RESA ENHANCEMENT	346.34
2.27000	COUNTY SCCC	393.84
9.00000	SCHOOL OPER FC	0.00

MILLS	TAX TYPE	TAX AMOUNT
9.00000	SCHOOL OPERATING	0.00
2.05000	SCHOOL DEBT	355.67
0.79300	SCH SINKING FUND	137.58
0.98730	COUNTY OPERATING	171.29
0.24530	COUNTY PARKS	42.55
0.20890	COUNTY HCMA	36.24
0.93580	COUNTY JAIL	162.36
0.99490	COUNTY TRANSIT	172.61
0.09970	COUNTY ZOO	17.29
0.19950	COUNTY DIA	34.61
0.96390	CITY LIBRARY	167.23
9.00000	SCHOOL OPER FC	0.00
0.00000	MAJLIGHT	7.18

NOT ABIL

TOTAL TAXES	7,083.78
ADMIN FEE	70.83
INTEREST	0.00
TOTAL BILL	7,154.61
SUMMER	
TOTAL PAID:	7,154.61
DATE PAID :	08/23/2021

TOTAL TAXES	1,304.61
ADMIN FEE	13.04
INTEREST	0.00
TOTAL BILL	1,317.65
WINTER	
TOTAL PAID:	1,317.65
DATE PAID :	12/17/2021

Date Prepared: 01/20/2022

INFORMATION FOR INCOME TAX PURPOSES

DIGITAL FEDERAL CREDIT UNION  
 220 DONALD LYNCH BLVD  
 MARLBOROUGH MA 01752



KAUSHAL PRAYAKARAO  
 8031 QUINCY DR  
 WESTLAND MI 48185-3849

5711



CORRECTED (if checked)

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  <b>2021</b>  Form <b>1099-INT</b>		<b>Interest Income</b>
PAYER'S TIN  04-2683316		1 Interest income  \$ 229.15		<b>Copy B For Recipient</b>	
RECIPIENT'S TIN  XXX-XX-1710		2 Early withdrawal penalty  \$			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.
RECIPIENT'S name  KAUSHAL PRAYAKARAO 8031 QUINCY DR WESTLAND MI 48185		3 Interest on U.S. Savings Bonds and Treas. obligations  \$			
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$	5 Investment expenses \$		
Account number (see instructions) 5481506		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 \$		
		12 Bond premium on Treasury obligations \$	13 Bond premium on tax-exempt bond \$		
		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	
				17 State tax withheld \$ \$	

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service