

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2022**

Copy C for employee's records. OMB No. 1545-0008
 d Control number 000003440 WRC Dept. MJ53 Corp. S Employer use only 9492

c Employer's name, address, and ZIP code
 DRIV AUTOMOTIVE INC
 211 QUALITY CIRCLE
 COLLEGE STATION, TX 77845

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. 130317.06	2 Federal income tax withheld 14205.83
3 Social security wages 134222.58	4 Social security tax withheld 8321.80
5 Medicare wages and tips 134222.58	6 Medicare tax withheld 1946.23
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 145.92
14 Other	12b D 3905.52
	12c L 254.47
	12d DD 19577.16
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State Employer's state ID no. MI 83-4117479	16 State wages, tips, etc. 130317.06
17 State income tax 5538.46	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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 KAUSHAL PRAYAKARAO
 8031 QUINCY DR
 WESTLAND, MI 48185

15 State MI	Employer's state ID no. 83-4117479	16 State wages, tips, etc. 130317.06
17 State income tax 5538.46	18 Local wages, tips, etc.	
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Federal Filing Copy
W-2 Wage and Tax Statement **2022**
 OMB No. 1545-0008
 Copy B to be filed with employee's Federal Income Tax Return.

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 8031 QUINCY DR
 WESTLAND, MI 48185

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MI. State Filing Copy
W-2 Wage and Tax Statement **2022**
 OMB No. 1545-0008
 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 130317.06	2 Federal income tax withheld 14205.83
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 DRIV AUTOMOTIVE INC
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 WESTLAND, MI 48185

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City or Local Filing Copy
W-2 Wage and Tax Statement **2022**
 OMB No. 1545-0008
 Copy 2 to be filed with employee's City or Local Income Tax Return.

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2022
 Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
0000000485 R8Y		AWN1	C S 2860

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	a Employee's SSA number
20-0071836	XXX-XX-9721

1 Wages, tips, other comp.	2 Federal income tax withheld
89745.72	7331.00
3 Social security wages	4 Social security tax withheld
99705.69	6181.75
5 Medicare wages and tips	6 Medicare tax withheld
99705.69	1445.73
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 105.84
14 Other	12b D 9959.97
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X

15 State	Employer's state ID no.	16 State wages, tips, etc.
MI	20-0071836	89745.72
17 State income tax	18 Local wages, tips, etc.	
3814.15		
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



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PAGE 1 OF 1

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1 Wages, tips, other comp.	2 Federal income tax withheld
89745.72	7331.00
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MAHLE INDUSTRIES
ONE MAHLE DRIVE
MORRISTOWN, TN 37815-0748

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20-0071836	XXX-XX-9721

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Federal Filing Copy
W-2 Wage and Tax Statement 2022
 Copy B to be filed with employee's Federal Income Tax Return.

MI. State Filing Copy
W-2 Wage and Tax Statement 2022
 Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy
W-2 Wage and Tax Statement 2022
 Copy 2 to be filed with employee's City or Local Income Tax Return.

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

Part I Employee					Applicable Large Employer Member (Employer)				
1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)		7 Name of employer			8 Employer identification number (EIN)		
KAUSHAL PRAYAKARAO		XXX-XX-1710		DRiV Automotive Inc.			83-4117479		
3 Street address (including apartment no.)		9 Street address (including room or suite no.)			10 Contact telephone number				
8031 QUINCY DR		15701 Technology Drive			844-249-6992				
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		Northville	MI	US 48168			

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (Enter 2-digit number):			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	01		
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)	\$	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	\$154.10	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	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. <input checked="" type="checkbox"/>																
(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 checked="" 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"/>	<input type="checkbox"/>
19 Rajini Reddy Kuskuntla	XXX-XX-9721		<input checked="" 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"/>	<input type="checkbox"/>
20 Arjuna Sudhanva Reddy Prayakarao		2021-10-14	<input checked="" 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"/>	<input 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"/>	<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"/>	<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"/>	<input type="checkbox"/>



DIGITAL FEDERAL CREDIT UNION
 220 DONALD LYNCH BLVD
 MARLBOROUGH MA 01752



KAUSHAL PRAYAKARAO
 8031 QUINCY DR
 WESTLAND MI 48185-3849

5755



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)		OMB No. 1545-0112		Interest Income	
DIGITAL FEDERAL CREDIT UNION 220 DONALD LYNCH BLVD MARLBOROUGH MA 01752		1 Interest income		Form 1099-INT (Rev. January 2022)			
		\$ 193.52		For calendar year 2022			
PAYER'S TIN		RECIPIENT'S TIN		2 Early withdrawal penalty			Copy B For Recipient
04-2683316		XXX-XX-1710		\$			
RECIPIENT'S name		3 Interest on U.S. Savings Bonds and Treasury obligations		4 Federal income 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.	
KAUSHAL PRAYAKARAO 8031 QUINCY DR WESTLAND MI 48185		\$		5 Investment expenses			
		6 Foreign tax paid		7 Foreign country or U.S. possession			
FATCA filing requirement		8 Tax-exempt interest		9 Specified private activity bond interest			
<input type="checkbox"/>		\$		10 Market discount			
		11 Bond premium		\$			
Account number (see instructions)		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond			
5481506		\$		\$			
14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State identification no.			17 State tax withheld
							\$
						\$	

HEALTH EQUITY
15 WEST SCENIC POINTE DRIVE, SUITE 400
DRAPER, UT 84020



>026716 7485397 0001 8156 10Z

KAUSHAL PRAYAKARAO
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 HEALTH EQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 2022		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 52-2383166	RECIPIENT'S TIN ***-**-1710	1 Gross distribution \$222.16	2 Earnings on excess cont. \$0.00	
RECIPIENT'S name KAUSHAL PRAYAKARAO Street address (including apt. no.) 8031 QUINCY DR City or town, state or province, country, and ZIP or foreign postal code WESTLAND, MI 48185		3 Distribution code 1	4 FMV on date of death \$0.00	
Account number (see instructions) 22101027		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		

Form **1099-SA** (Rev. 11-2019) (keep for your records) 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 members 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 latest 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.

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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		1 Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022	OMB No 1545-1518	2022 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
HEALTH EQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020		\$0.00			
TRUSTEE'S TIN 52-2383166		PARTICIPANT'S TIN ***-**-1710		2 Total contributions made in 2022 \$175.00	Copy B For Participant This information is being furnished to the IRS
PARTICIPANT'S name KAUSHAL PRAYAKARAO		3 Total HSA or Archer MSA contributions made in 2023 for 2022 \$0.00		4 Rollover contributions \$0.00	
Street address (including apt. no.) 8031 QUINCY DR		5 Fair market value of HSA, Archer MSA, or MA MSA \$152.87		6 HSA <input checked="" type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code WESTLAND, MI 48185		Archer MSA <input type="checkbox"/>		MA MSA <input type="checkbox"/>	
Account number (see instructions) 22101027		6 HSA <input type="checkbox"/>			

Form 5498-SA

(keep for your records)

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 you 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 employee 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 2022 and through April 18, 2023, for 2022. You may be able to deduct this amount on your 2022 Form 1040. See the Instructions for Form 1040.

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

Box 2. Shows the total contributions made in 2022 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 2023 for 2022.

Box 4. Shows any rollover contribution from an Archer MSA to this Archer MSA in 2022 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 2022.

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 5498SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form5498SA.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

25.718 74.85377 06.57831 06.57831 0003/0003



CITY OF WESTLAND

TAX CERTIFICATION
TAX SUMMARY FOR CALENDAR YEAR 2022

School: 82095

4182

Property #: 56 017 01 0030 000

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

SITE ADDRESS:

8031 QUINCY

PRAYAKARAO, K-KUSUKUNTLA R
8031 QUINCY
WESTLAND MI 48185

SEV 183,900
AV 183,900
TAXV 179,225

Mortgage Company of Record:
00920

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	367.41
0.78830	SCH SINKING FUND	141.28
6.00000	SCHOOL ST ED TX	1,075.35
6.22320	CITY OPERATING	1,115.35
0.02490	CITY DEBT/ECN	4.46
8.00000	CITY P/F RET	1,433.80
2.33280	CITY REFUSE	418.09
1.00000	CITY SANITATION	179.22
0.90960	CITY LIBRARY	163.02
5.60990	COUNTY OPERATING	1,005.43
0.09560	RESA OPERATING	17.13
3.34430	RESA SPECIAL ED	599.38
1.98760	RESA ENHANCEMENT	356.22
2.27000	COUNTY SCCC	406.84
9.00000	SCHOOL OPER FC	0.00

MILLS	TAX TYPE	TAX AMOUNT
9.00000	SCHOOL OPERATING	0.00
2.05000	SCHOOL DEBT	367.41
0.78830	SCH SINKING FUND	141.28
0.98290	COUNTY OPERATING	176.16
0.24420	COUNTY PARKS	43.76
0.20700	COUNTY HCMA	37.09
0.93580	COUNTY JAIL	167.71
0.99490	COUNTY TRANSIT	178.31
0.09920	COUNTY ZOO	17.77
0.19860	COUNTY WCAIA	35.59
0.83780	CITY LIBRARY	150.15
9.00000	SCHOOL OPER FC	0.00
0.00000	MAJLIGHT	7.40

TOTAL TAXES	7,282.98
ADMIN FEE	72.82
INTEREST	0.00
TOTAL BILL	7,355.80

TOTAL TAXES	1,322.63
ADMIN FEE	13.22
INTEREST	0.00
TOTAL BILL	1,335.85

SUMMER	
TOTAL PAID:	7,355.80
DATE PAID :	08/25/2022

WINTER	
TOTAL PAID:	1,335.85
DATE PAID :	12/23/2022

Payer Details
 ONE
 PO BOX 162227
 SACRAMENTO, CA 95816-2227

Payer TIN: 87-4808588
Payer Phone: 855-830-6200

2022 FORM 1099-INT

Interest Income

Copy B For Recipient OMB No. 1545-0112

This is important tax information and is being furnished to the Internal Revenue Service. 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 Details
 KAUSHAL PRAYAKARAO
 8031 QUINCY DRIVE
 WESTLAND, MI 48185

Recipient TIN: XXX-XX-1710

Product/Acct*	Box-1 Interest income	Box-2 Early withdrawal penalty	Box-3 Interest on U.S. Savings Bonds and Treas. obligations	Box-4 Federal income tax withheld	Box-5 Investment expenses	Box-8 Tax-exempt interest	Box-9 Specified private activity bond interest	Box-10 Market discount	Box-11 Bond premium	Box-12 Bond premium on Treasury obligations	Box-13 Bond premium on tax-exempt bond	Box-14 Tax-exempt and tax credit bond CUSIP no.
XXXXXXXX4001	\$0.00	\$0.00		\$0.00								
XXXXXXXX4002	\$50.00	\$0.00		\$0.00								
XXXXXXXX4003	\$0.00	\$0.00		\$0.00								
TOTAL:	\$50.00											