INDIANAPOLIS IN 46244-4921

Recipient's Information

իլիլիկիկուլիյաթիկմիվիկումբյունիարդնվերինվի 0025176 105 NSP0TAS0 1Z5 00000000000 0021 MI

KAUSHAL PRAYAKARAO 8031 QUINCY DR WESTLAND MI 48185-3849

Recipient's ID Number: XXX-XX-1710

Tax Year 2023 Form 1099-INT Interest Income (Copy B)

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.

Payer's Information

Federal ID Number: 13-4994650 JPMORGAN CHASE BANK, N.A. RETAIL DEPOSIT ACCOUNTS MICHIGAN ECD

COPIES OF YOUR 2023 FORM 1099 STATEMENTS ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-INT Questions

Phone Support: 1-800-935-9935

Sum	mary of Form 1099-INT Interes	t Income					(OMB No. 1545-0112)
Box	Description		Amount	Box	Description		Amount
1.	Interest income		\$300.00	9.	Specified private act	ivity bond interest	\$0.00
2.	Early withdrawal penalty		\$0.00	10.	Market discount	•	\$0.00
3.	Interest on U.S. Savings Bonds and	d .		11.	Bond premium		\$0.00
	Treasury Obligations		\$0.00	12.	Bond premium on Tr	easury obligations	\$0.00
4.	Federal income tax withheld		\$0.00	13.	Bond premium on tax		\$0.00
5.	Investment expenses		\$0.00	14.		credit bond CUSIP no.	(See Details)
6	Foreign tax paid		\$0.00	15.	State		(See Details)
7.	Foreign country or U.S. possession	l .	(See Details)	16.	State identification no	0.	(See Details)
В.	Tax exempt interest		\$0.00	17.	State tax withheld		(See Details)
					FATCA Filing require	ement	(See Details)
Deta	ils of Form 1099-INT Interest In	ncome					(OMB No. 1545-0112)
	ount Number Box ount Description	#1 Interest income	Box #2 withdrawal p			Other Boxes	
61723	33062	\$300.00		\$0.00	\$0.00	#15 State	MI
	CKING UDES CASH BONUS(ES) OF \$300.00					FATCA Filing requirement	NO

Original

CITY OF WESTLAND

TAX CERTIFICATION

School: 82095 TAX SUMMARY FOR CALENDAR YEAR 2023

Property #: 56 017 01 0030 000

CITY OF WESTLAND TAXES 36300 WARREN RD WESTLAND, MI 48185

SITE ADDRESS:

8031 QUINCY

SEV 199,000 AV 199,000 TAXV 188,186

PRAYAKARAO, K-KUSUKUNTLA R 8031 QUINCY WESTLAND MI 48185

0.90960 CITY LIBRARY

0.09560 RESA OPERATING

3.34430 RESA SPECIAL ED

2.27000 COUNTY SCCC

9.00000 SCHOOL OPER FC

1.98760 RESA ENHANCEMENT

5.60990 COUNTY OPERATING 1,055.70

Mortgage Company of Record: 00920

0.19860 COUNTY WCAIA

0.00000 MAJLIGHT

0.83780 CITY LIBRARY

9.00000 SCHOOL OPER FC

Prop Type : RESIDENTIAL-IMPROVED

37.37

157.66

0.00

7.62

PRE/MBT %: 100

Summer Tax Bill Winter Tax Bill ========== -----MILLS TAX TYPE TAX TYPE TAX AMOUNT TAX AMOUNT ____ 9.00000 SCHOOL OPERATING 0.00 0.00 9.00000 SCHOOL OPERATING 2.05000 SCHOOL DEBT 385.78 2.05000 SCHOOL DEBT 385.78 0.78830 SCH SINKING FUND 148.34 0.78830 SCH SINKING FUND 148.34 6.00000 SCHOOL ST ED TX 1,129.11 184.96 0.98290 COUNTY OPERATING 6.22320 CITY OPERATING 1,171.11 0.24420 COUNTY PARKS 45.95 0.02320 CITY DEBT/ECN 4.36 0.20700 COUNTY HCMA 38.95 8.00000 CITY P/F RET 1,505.48 176.10 0.93580 COUNTY JAIL 2.33280 CITY REFUSE 439.00 0.99490 COUNTY TRANSIT 187.22 1.00000 CITY SANITATION 188.18 0.09920 COUNTY ZOO 18.66

171.17

17.99

629.35

374.03

427.18

0.00

TOTAL TAXES	7,646.78	TOTAL TAXES	1,388.61
ADMIN FEE	76.46	ADMIN FEE	13.88
INTEREST	0.00	INTEREST	0.00
TOTAL BILL	7,723.24	TOTAL BILL	1,402.49
SUMMER		WINTER	
TOTAL PAID:	7,723.24	TOTAL PAID:	1,402.49
DATE PAID :	08/17/2023	DATE PAID :	12/27/2023

Date Prepared: 01/17/2024

DIGITAL FEDERAL CREDIT UNION 220 DONALD LYNCH BLVD MARLBOROUGH MA 01752



KAUSHAL PRAYAKARAO 8031 QUINCY DR WESTLAND MI 48185-3849

Form 1099-INT (Rev. 1-2022)

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		CORRE	CTED (it checked)			
PAYER'S name, street address, city or foreign postal code, and telephone	or town, state o r province, e no.	country, ZIP	Payer's RTN (optional)		m 1099-INT	Interest
DIGITAL FEDERAL CI	REDIT UNION		1 Interest income	(R	ev. January 2022)	Income
220 DONALD LYNCH MARLBOROUGH MA			\$ 114.10	Fo	or calendar year 2023	
			2 Early withdrawal penalty			Сору В
PAYER'S TIN 04-2683316	RECIPIENT'S TIN	'10	\$ 3 Interest on U.S. Savings Box	nds and T	reasury obligations	For Recipient
RECIPIENT'S name			\$ 4 Federal income tax withheld	5 Invest	ment expenses	This is important tax information and is
KAUSHAL PRAYAKARA 8031 QUINCY DR	0		6 Foreign tax paid	7 Foreign	country or U.S. possession	being furnished to the IRS. If you are required to file a
WESTLAND MI 48185			8 Tax-exempt interest	9 Specifinteres	ied private activity bond st	return, a negligence penalty or other sanction may be
			\$	\$		imposed on you if
			10 Market discount	11 Bond	premium	this income is taxable and the IRS determines that it has
		FATCA filing	\$	\$		not been reported.
P - 2 - E - E E		requirement	12 Bond premium on Treasury obligations \$	13 Bond ;	oremium 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
						\$
Form 1099-INT (Rev. 1-2022)	(keep for your rec	ords)	www.irs.gov/Form1099INT	Depai	rtment of the Treasury	Internal Revenue Service

	CORRECTED (if ch	necked) Substitut	e Form 1098
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Flagstar Bank, N.A. 5151 Corporate Drive Troy, MI 48098-2639 (800) 968-7700	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 relimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 2023	Mortgage Interest Statement
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or	1 Mortgage interest received from payer(s) \$ 5,886.12		Copy B For Payer/ Borrower
province, country, and ZIP or foreign postal code	\$ 323,908.65	3 Mortgage origination date 04/16/2021	The information in boxes 1 through 9 and 11 is important
5-655-58255-0020376-002-1-000-000-000-000 KAUSHAL PRAYAKARAO	4 Refund of overpaid interest \$ 0.00	5 Mortgage Insurance premiums \$ 0.00	tax information and is being furnished to the IRS. If you are required to file a return,
8031 QUINCY DR WESTLAND MI 48185-3849	of principal residence same as PA	of property securing mortgage is the YER'S/BORROWER'S address, the led, or the address or description is lox 8.	a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated
Malallatan na mana ana anna an an	8 Address or description of property sections 8031 QUINCY DR WESTLAND MI 48185	15 8000	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
կիրիդիկիկիկիկին հիրկրերգիդվիրեւիիննի	9 Number of properties securing the mortg	age 10 Other Property Taxes \$9,125.73	4); or because you claimed a
	11 Mortgage acquisition date 02/01/2023	Account number (see instructions) 441464983	
	RECIPIENT'S/LENDER'S TIN 38-2734984	PAYER'S/BORROWER'S TI ***-1710	N

www.irs.gov/Form1098



(Keep for your records)

Form 1098 (Rev. 1-2022)

KAUSHAL PRAYAKARAO 8031 QUINCY DR WESTLAND MI 48185-3849

» 1098 MORTGAGE INTEREST STATEMENT

Department of the Treasury - Internal Revenue Service

TAX YEAR: 2023 LOAN NUMBER: 441464983 PROPERTY ADDRESS: 8031 QUINCY DR WESTLAND MI 48185

Principal Balar	nce Activity		Interest Activity		Escrow Accou	nt Activity
Beginning Balance	\$323,908.65	Interest Paid		\$5,886.12	Beginning Balance	(\$3,416.92)
Principal Paid	\$17,472.71				Total Deposits	\$10,485.83
Ending Balance	\$306,435.94				Property Tax	\$9,125.73
					Hazard Insurance	\$1,545.00
					Ending Balance	(\$3,601.82)

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Form 1095-B		Health	Health Coverage	Φ		П	U Vol		OMB	5 LU OMB No. 1545-2252	5601116 -2252	- 5		
Department of the Treasury Internal Revenue Service	Go to ww	Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.	eturn. Keep for ye structions and th	our records.	mation.	П	CORRECTED	CTED			2023	သ		
Responsible Individual	vidual									1				
1 Name of responsible individua				2 Social security number (SSN	urity numbe	r (SSN or	or other TIN)		ate of bir	h (If SSN	or other	TIN is no	3 Date of birth (If SSN or other TIN is not available)	<u></u>
ARJUNA SUDHA REDDY PRAYAKARAO	YAKARAO		100.4						10/14/2021		=			
4 Street address (including apartment no.)	ment no.)	5 City or town		6 State or province	ovince			7 C	7 Country and ZIP or foreign postal code	d ZIP or	foreign p	ostal cod	ē	
8031 QUINCY DR		WESTLAND		X				481	48185-3849					
				9 Reserved			Control of the							
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):	of the Health Covera	ge (see instructions for codes												
Part II Information abou	ıt Certain Empl	Information about Certain Employer-Sponsored Coverage (see instructions)	rage (see inst	ructions)										
10 Employer name								11 En	Employer identification number (EIN)	entificatio	n numbe	r (EIN)		
12 Street address (including room or suite no.)	m or suite no.)	13 City or town		14 State or province	province			15 Co	15 Country and ZIP or foreign postal code	ZIP or fo	reign pos	stal code	340	
Part III Issuer or Other	Coverage Prov	Issuer or Other Coverage Provider (see instructions)			-									
16 Name				17 Employer identification number (EIN)	er identificat	ion numbe	er (EIN)	18 Co	18 Contact telephone number	ohone nu	mber			
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MSA	HEALTH AND HUM	AN SERVICES MSA		38-6000134				18006423195	123195					
19 Street address (including room or suite no.)	om or suite no.)	20 City or town		21 State or province	province			22 Co	22 Country and ZIP or foreign postal code	ZIP or fo	reign pos	stal code		
P O BOX 30479		LANSING		<u>×</u>				48909						
Part IV Covered Individ	uals (Enter the i	Covered Individuals (Enter the information for each covered individual.)	vered individua	L)										
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months				(e) N	nonths of	(e) Months of coverage	U				
				Jan Feb	o Mar	Apr	May	Jun	Jul A	Aug Sep	p Oct	Nov	v Dec	"
23 ARJUNA SUDHA REDDY PRAYAKARAO		10/14/2021		×	×	×	×	×	N P	×	×	×		-
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	k Reduction Act No	tice, see separate instructi	ions.		Cat. No. 60704B)704B					Fo	109	Form 1095-B (2023)	دِ