2019 TAX RETURN FILING INSTRUCTIONS

BLUE ASH INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2019

Prepared	For:
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Anusha Konchada 9272 Deercross Parkway Apt. No. 2D BlueAsh, OH 45236

Prepared By:

Deloitte Tax Services India Pvt. Ltd. BPTP Crest, Plot 15, Udyog Vihar Gurgaon, Haryana 122015 India

Amount of Tax:

Total tax	\$ 238
Less: payments and credits	\$ 0
Plus: interest and penalties	\$ 40
Balance due	\$ 278

Overpayment:

Not applicable

Make Check Payable To:

City of Blue Ash, OH

Mail Tax Return and Check (if applicable) To:

Blue Ash City Income Tax 4343 Cooper Rd. Cincinnati, OH 45242-5612

Return Must Be Mailed On Or Before:

October 09, 2020

Special Instructions:

The return should be signed and dated by you.

2019 BLUE ASH

EXTENSION GRANTED TO 10/15/2020

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(678) 299-3756 ADDRESS OR NAME, ADDRESS AND TELEPHONE NUMBER OF FIRM OR EMPLOYER TITLE IF SIGNING FOR A BUSINESS	DELOITTE TAX SE	RVICES INDIA PVT	. LTD.	SIC	GNATURE OF SPOUSE (IF JOINT)	DATE
(678) 299-3756 ADDRESS OR NAME, ADDRESS AND TELEPHONE NUMBER OF FIRM OR EMPLOYER TITLE IF SIGNING FOR A BUSINESS		A 122015 INDIA					
	(678) 299-3756				LE IF SIGNING FOR A BUSINES	S	
	ADDRESS OR NAME, ADDRESS AND TE 995601 04-01-19	ELEPHONE NUMBER OF FIRM OR EMPLOY	YER PAGE 1	ı			

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44444	For Official Use Only OMB No. 1545-0008	•	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov.	
a Employer's nan	ne, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN	
Deloitte C	onsulting LLP		2019 / W-2	181-31-8586	
4022 Sells Hermitage			e Corrected SSN and/or name (Check this b g if incorrect on form previously filed.)	oox and complete boxes f and/or	
TN 37076			Complete boxes f and/or g only if incorrect	t on form previously filed	
114 37070	-2903		f Employee's previously reported SSN		
b Employer's Fe	deral EIN 06-1454 5	513	g Employee's previously reported name		
			h Employee's first name and initial Anusha	Last name Suff. Konchada	
			00448023	Ronchada	
corrections invo	lving MQGE, see the Ge	are being corrected (exception: for eneral Instructions for Forms W-2 Form W-2c, boxes 5 and 6).	Anusha Konchada 9272 Deercross Parkway Apt #2D BlueAsh OH 45236 i Employee's address and ZIP code		
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social security	/ wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wag	es and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social security	/ tips	7 Social security tips	8 Allocated tips	8 Allocated tips	
9		9	10 Dependent care benefits	10 Dependent care benefits	
11 Nonqualified p	olans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory Remployee pla	etirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see instr	ructions)	14 Other (see instructions)	12c	12c	
			12d	12d	
		State Correctio	n Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
GA		GA	ОН	ОН	
Employer's sta 2214871H		Employer's state ID number 2214871HF	Employer's state ID number 52633534	Employer's state ID number 52633534	
16 State wages,	tips, etc. 99725.83	16 State wages, tips, etc. 95833.83	16 State wages, tips, etc. 15161.76	16 State wages, tips, etc. 19053.76	
17 State income	tax	17 State income tax	17 State income tax	17 State income tax	
		Locality Correct	on Information	1	
Previou	sly reported	Correct information	Previously reported	Correct information	
18 Local wages,		18 Local wages, tips, etc.	18 Local wages, tips, etc. 0.00	18 Local wages, tips, etc. 19053.76	
19 Local income	tax	19 Local income tax	19 Local income tax	19 Local income tax	
20 Locality name		20 Locality name	■	20 Locality name Blue Ash	

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44444	For Official Use Only OMB No. 1545-0008	•	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov.	
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN		
Deloitte (Consulting LLP		2019 / W-2	181-31-8586	
4022 Sell Hermitag			e Corrected SSN and/or name (Check this I g if incorrect on form previously filed.)	pox and complete boxes f and/or	
TN 37076			Complete boxes f and/or g only if incorred	ct on form previously filed	
111 37 07 0	-2303		f Employee's previously reported SSN	· · ·	
b Employer's Fe	ederal EIN 06-14545	513	g Employee's previously reported name		
			h Employee's first name and initial	Last name Suff.	
			Anusha	Konchada	
			00448023 Anusha Konchada	***************************************	
corrections invo	olving MQGE, see the Ge	are being corrected (exception: for eneral Instructions for Forms W-2 Form W-2c, boxes 5 and 6).	9272 Deercross Parkway Apt #2D BlueAsh OH 45236 i Employee's address and ZIP code		
Previou	usly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, o	other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
	•				
3 Social securit	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social securit	y tips	7 Social security tips	8 Allocated tips	8 Allocated tips	
9		9	10 Dependent care benefits	10 Dependent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12	
	Retirement Third-party lan sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see inst	ructions)	14 Other (see instructions)	12c	12c	
			12d	12d	
		State Correction			
Previou	usly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income	tax	17 State income tax	17 State income tax	17 State income tax	
		Locality Correct	ion Information	•	
	usly reported	Correct information	Previously reported	Correct information	
18 Local wages	, tips, etc. 15161.76	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	
19 Local income	tax	19 Local income tax	19 Local income tax	19 Local income tax	
20 Locality name	e	20 Locality name	20 Locality name	20 Locality name	
Cincinnati		Cincinnati			

1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
99725.83 3 Social security wages		99725.83 3 Social security wages	17098.36 4 Social security tax withheld
99725.83	6183.00	99725.83	6183.00
5 Medicare wages and tips 99725.83	6 Medicare tax withheld 1446.02	5 Medicare wages and tips 99725.83	6 Medicare tax withheld 1446.02
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
181-31-8586 b Employer's FED ID number	d Control number	181-31-8586 b Employer's FED ID number	d Control number
06-1454513 c Employer's name, address, and ZIP code	00448023	06-1454513 c Employer's name, address, and ZIP code	00448023
Deloitte Consulting LLP		Deloitte Consulting LLP	
4022 Sells Drive		4022 Sells Drive	
Hermitage TN 37076-2903		Hermitage TN 37076-2903	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 4032.08	11 Nonqualified plans	12a See instructions for box 12 4032.08
13 Statutory Retirement Third-Party Employee plan Sick pay	DD 4032.06	13 Statutory Retirement Third-Party Employée plan Sick pay	DD 4032.00
Employee plan Sick pay		Employee plan Sick pay	
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last name	ne Suff.	e Employee's first name and initial Last nam	e Suff.
Anusha Konchada 509 lindbergh place NE, Ap	ot 701	Anusha Konchada 509 lindbergh place NE, Apt	: 701
Atlanta GA 30324		Atlanta GA 30324	
f Employee's address and ZIP code		f Employee's address and ZIP code	
15 State Employer's state ID GA 2214871HF	18 Local wages, tips, etc	15 State Employer's state ID GA 2214871HF	18 Local wages, tips, etc
16 State wages, tips, etc. 99725.83	19 Local income tax	16 State wages, tips, etc. 99725.83	19 Local income tax
17 State income tax 4766.55	20 Locality name	17 State income tax 4766.55	20 Locality name
Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue	Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue
W-2 Wage and Tax Statement Copy C for Employee's records	Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Income	Tax Return
1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
3 Social security wages	4 Social security tax withheld	99725.83 3 Social security wages	4 Social security tax withheld
99725.83 5 Medicare wages and tips	6 Medicare tax withheld	99725.83 5 Medicare wages and tips	6183.00 6 Medicare tax withheld
99725.83		99725.83 a Employee's SSA number	1446.02
a Employee's SSA number 181-31-8586	Employer use only	181-31-8586	Employer use only
b Employer's FED ID number 06-1454513	d Control number 00448023	b Employer's FED ID number 06-1454513	d Control number 00448023
c Employer's name, address, and ZIP code	00440023	c Employer's name, address, and ZIP code	00448023
Deloitte Consulting LLP		Deloitte Consulting LLP	
4022 Sells Drive Hermitage TN 37076-2903		4022 Sells Drive Hermitage TN 37076-2903	
		Ğ	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 4032.08	11 Nonqualified plans	12a See instructions for box 12 4032.08
13 Statutory Retirement Third-Party Employee plan Sick pay	DD 4032.06	13 Statutory Retirement Third-Party Employee plan Sick pay	DD 4032.00
14 Other	12c	14 Other	12c 12d
e Employee's first name and initial Last nar Anusha Konchada	ne Suff.	e Employee's first name and initial Last nam Anusha Konchada	e Suff.
509 lindbergh place NE, Ap Atlanta GA 30324	t 701	509 lindbergh place NE, Apt Atlanta GA 30324	701
f Employee's address and ZIP code		f Employee's address and ZIP code	
15 State Employer's state ID GA 2214871HF	18 Local wages, tips, etc	15 State Employer's state ID GA 2214871HF	18 Local wages, tips, etc
16 State wages, tips, etc. 99725.83	19 Local income tax	16 State wages, tips, etc. 99725.83	19 Local income tax
17 State income tax 4766.55	20 Locality name	17 State income tax 4766.55	20 Locality name
Form OMB. No. 1545-0008	Dept_of the Treasury - Internal Revenue	Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue
W-2 Wage and Tax 201	Service	W-2 Wage and Tax 201	9 Service

1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
	·		·
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
181-31-8586 b Employer's FED ID number 06-1454513	d Control number	181-31-8586 b Employer's FED ID number 06-1454513	d Control number
c Employer's name, address, and ZIP code	00448023	c Employer's name, address, and ZIP code	00448023
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-Party Employee plan Sick pay	12b	13 Statutory Retirement Third-Party Employee plan Sick pay	12b
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last nam Anusha Konchada 509 lindbergh place NE, Ap Atlanta GA 30324 f Employee's address and ZIP code		e Employee's first name and initial Last nam Anusha Konchada 509 lindbergh place NE, Apr Atlanta GA 30324 f Employee's address and ZIP code	
15 State	18 Local wages, tips, etc 15161.76	15 State	18 Local wages, tips, etc 15161.76
16 State wages, tips, etc. 15161.76	19 Local income tax 318.40	16 State wages, tips, etc. 15161.76	19 Local income tax 318.40
17 State income tax 530.66	20 Locality name Cincinnati	17 State income tax 530.66	20 Locality name Cincinnati
Wage and Tax Statement Copy C for Employee's records OMB. No. 1545-0008 Wage and Tax Statement	Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Income	Dept. of the Treasury - Internal Revenue Service
1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
	·	, ,	,
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
181-31-8586 b Employer's FED ID number	d Control number	181-31-8586 b Employer's FED ID number	d Control number
c Employer's name, address, and ZIP code	00448023	06-1454513 c Employer's name, address, and ZIP code	00448023
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-Party Employee plan Sick pay	12b	13 Statutory Retirement Third-Party Employee plan Sick pay	12b
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last nan Anusha Konchada 509 lindbergh place NE, Ap Atlanta GA 30324		e Employee's first name and initial Last nam Anusha Konchada 509 lindbergh place NE, Apt Atlanta GA 30324	
f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc 15161.76	f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc 15161.76
OH 52633534 16 State wages, tips, etc. 15161.76	19 Local income tax 318.40	OH 52633534 16 State wages, tips, etc.	19 Local income tax 318.40
17 State income tax	20 Locality name Cincinnati	15161.76 17 State income tax	20 Locality name Cincinnati
Form OMB. No. 1545-0008			Unicilitati
W-2 Wage and Tax 201	Dept. of the Treasury - Internal Revenue Service	W-2 Wage and Tax Statement 201	Dont of the Transumy Internal Revenue

FORM 4868 HAS BEEN FILED ELECTRONICALLY. THIS EXTENDS THE FILING DATE OF THE RETURN UNTIL OCTOBER 15, 2020.

NO PAYMENT IS REQUIRED.

FORM HAS BEEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS

918711 06-10-19	▼ DETA	CH HERE ▼		
ADCO Application for Autom		matic Exte	1019	
	To File U.S. Individ		e Tax Return	2019
Part I Identifica	tion	Part II	Individual Income Tax	
	 _ _ _ _	5 Total 2 6 Balan from li	te of total tax liability for 2019 \$ 2019 payments cce due. Subtract line 5 ne 4 nt you are paying	17,098. 17,098. 0.
2 Your social security number $181 - 31 - 8586$	3 Spouse's social security number	citizen 9 Check h	here if you are "out of the country" and a or resident here if you file Form 1040NR or 1040NR-EZ and disan employee subject to U.S. income tax withhou	id not receive

FEDERAL SCHEDULES MAY BE SUBMITTED IN LIEU OF SCHEDULES C, E AND H

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN SEE INSTRUCTIONS BEFORE MAKING ENTRIES BELOW.

	BEFORE MAKING	ENTRIES BELOW.	
ITEMS NOT DEDUCTIBLE	<u>ADD</u>	ITEMS NOT TAXABLE	
a. Capital losses			\$
b. Expenses incurred in the production of non-ta	xable income	o. Interest income	·····
c. City or state income taxes	·····	p. Dividends	
d. Net operating loss deduction per Federal Retu	rn	q. Employee Stock Options	
e. Payments to partners			
f. Contribution to a Retirement Plan (401K, SER	P)		
g. Stock Options			
h. Other (Explain)			
m. Total Additions (enter as Line 4a above)		z. Total Deductions (enter as Line 4b abo	ove) \$
,		<u> </u>	, ,
SCHEDULE	C - PROFIT (Or Loss) F	ROM BUSINESS OR PROFESSION	
IF DIFFERENT Business Name &/or Address			
FROM PAGE 1 Kind of Business			
Indicate method of accounting: Cash	Accrual Oti	her	
1. TOTAL RECEIPTS, LESS ALLOWANCES, REB	ATES AND RETURNS		
		•	
2. Less Cost of Goods Sold, or	Cost of operations:		
	-	\$	
Material supplies & other costs inc	udible	\$	
3. GROSS PROFIT FROM SALES, ETC., (line 1 le	55 IIII 2)	DOVALTICO &	
		ROYALTIES \$	
	DE OR BOSINESS		
6. OTHER BUSINESS INCOME (Specify)	ME DEFORE DEPUISIONS		
7. TOTAL BUSINESS INCO			\$
	BUSINESS DEDUCTION	_	
8. ADVERTISING AND PROMOTION \$	17. a - COMF	PENSATION OF OFFICERS	
9. AUTO, TRUCK AND TRAVEL	b - SALA	RIES AND WAGES ELSEWHERE	
10. BAD DEBTS	c - PAYN	ENTS TO PARTNERS	
11. REPAIRS AND MAINTENANCE	d - COMN	MISSIONS AND FEES	
12. INTEREST ON BUSINESS INDEBTEDNESS	18. DEPRECI	ATION, AMORTIZATION	
13. a - INCOME TAXES ON BUSINESS	19. RENTS (F	Paid to)	
b - OTHER BUSINESS TAXES AND LICENSES	20. EMPLOYER	PENSIONS AND PROFIT SHARING PLANS	
14. INSURANCE (Other than health)	21. OTHER (L	ist type and amount)	
15. SUPPLIES (Not deducted elsewhere)		USINESS DEDUCTIONS (Total of lines 8 thru 21)	s
16. UTILITIES		IT (or loss) FROM BUSINESS OR PROFESSION (Line 7 less Line	
24. SCHEDULE E - IN	COME FROM RENTS (If	not included in Schedule C.)	
KIND & LOCATION OF PROPERTY	RENT DEPRECIATION	REPAIRS OTHER EXPENSES NET INCOME/(L	OSS)
		NET INCOME (or loss) SCHED	ULE E &
OF SCHEDULE H. OTL	IED INCOME NOT INCL	UDED IN SCHEDULES C OR E	
INCOME FROM PARTNERSHIPS, ESTATES	& TRUSTS, FEES, TIPS, CAPITAL (
RECEIVED FROM		FOR (DESCRIBE) AMOUNT	
		TOTAL INCOME COLLE	
00 TOTAL 001		TOTAL INCOME SCHEL	•
26. TOTAL SCH	EDULES C, E & H. ENT	EK AS LINE 2, PAGE 1	\$

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

		a. LOCATED EVERYWHERE	b. LOCATED IN CITY	c. PERCENTAGE (b ÷ a)		
STEP 1.	AVERAGE VALUE OF REAL & TANGIBLE PERS. PROP. GROSS ANNUAL RENTAL PAID MULTIPLIED BY 8					
	TOTAL STEP 1			%		
STEP 2.	WAGES, SALARIES, ETC. PAID EMPLOYEES			%		
STEP 3.	GROSS RECEIPTS FROM SALES MADE AND/OR					
	WORK OR SERVICES PERFORMED		_	%		
STEP 4.	TOTAL PERCENTAGES			%		
STEP 5	AVERAGE PERCENTAGE (Divide Total Percentages by Number of Pe	ercentages Used)	Carry to Line 5b, Page 1		%	
	SCHEDULE Z - PARTNERS' INFORMATION					

IF STEP 5 OF SCHEDULE Y IS LESS THAN 100%, COPY OF FEDERAL FORM 1065, SCHEDULE K-1 FOR EACH PARTNER MUST BE PROVIDED.