

# 2019 TAX RETURN FILING INSTRUCTIONS

## REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

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**Prepared For:**

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

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**Prepared By:**

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

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**Form Must be Filed On or Before:**

Return Form(s) 114A to us on or before October 9, 2020.

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**Special Instructions:**

Your Form 114 has been prepared for electronic filing. Please sign, date, and return Form 114A to our office. We will then transmit your form to the FinCEN.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN)  May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0;">(See instructions below for completion)</p> <p style="margin: 5px 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0;">The form 114a may be digitally signed</p>	<b>ANUSHAK20190001</b>
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**Part I** Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name <b>KONCHADA</b>	2. Owner first name <b>ANUSHA</b>	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 2 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2019 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity) 	8. Date <u>10 05 2020</u> MM DD YYYY	9. Owner or entity TIN <b>181-31-8586</b>	10. TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

**Part II** Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name <b>DAS</b>	16. Preparer first name <b>NIMA</b>	17. Preparer M.I.	18. Preparer PTIN <b>P01470073</b>
19. Address <b>BPTP CREST, PLOT 15, UDYOG VIHA GURGAON</b>	20. City	21. State	22. ZIP/postal code <b>122015</b>
23. Country code <b>IN</b>	24. Preparer's (item 15) employer's (Entity) name <b>DELOITTE TAX SERVICES INDIA</b>	25. Employer EIN <b>98-0432569</b>	26. Preparer's signature <b>NIMA DAS</b>

**Instructions for completing the FBAR Signature Authorization Record**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaefiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

**BSA E-Filing - Report of  
Foreign Bank and Financial  
Accounts (FBAR)**

FinCEN Form 114

ANUSHAK20190001

Filing Name ANUSHA KONCHADA

Submission Type NEW

PIN NOT REQUIRED

Check here ☒ if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 17, 2020. An automatic extension to October 15, 2020 is available.

This report filed late for the following reason (Check only one):

- a. ☐ Forgot to file
- b. ☐ Did not know that I had to file
- c. ☐ Thought account balance was below reporting threshold
- d. ☐ Did not know that my account qualified as foreign
- e. ☐ Account statement not received in time
- f. ☐ Account statement lost (Replacement requested)
- g. ☐ Late receiving missing required account information
- h. ☐ Unable to obtain joint spouse signature in time
- i. ☐ Unable to access BSA E-filing system
- z. ☐ Other (please provide explanation below)

# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar  
year ended 12/31

2019

Amended ☐**Part I Filer information** ANUSHAK20190001

2 Type of filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number <b>181-31-8586</b> <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input checked="" type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY <b>06/05/1988</b>
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6 Last name or organization name <b>KONCHADA</b>	7 First name <b>ANUSHA</b>	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

9272 DEERCROSS PARKWAY APT. NO. 2D

10 City <b>BLUEASH</b>	11 State <b>OH</b>	12 ZIP/Postal Code <b>45236</b>	13 Country <b>USA</b>
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- 14 a) Does the filer have a financial interest in 25 or more financial accounts?  
Yes ☐ Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.  
No ☒
- b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
Yes ☐ Enter number of accounts \_\_\_\_\_ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.  
No ☒

**Part II Information on financial account(s) owned separately**

15 Maximum value of account during calendar year <b>12,803.</b>	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of financial institution in which account is held  
**HDFC**

18 Account number or other designation <b>5451610354067</b>	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>PN 18 HARDIK CROWN HITEC CITY</b>		
20 City <b>HYDERABAD</b>	21 State, if known	22 Foreign postal code, if known <b>500081</b>	23 Country <b>INDIA</b>

**Signature** 44a Check here ☒ if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>				
<b>Third Party Preparer Use Only</b>	47 Preparer's last name <b>DAS</b>	48 First name <b>NIMA</b>	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN <b>P01470073</b>	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. <b>(678) 299-3756</b>	52a Ext.	53 Firm's name <b>DELOITTE TAX SERVICES I</b>	54 Firm's TIN <b>98-0432569</b>	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign	
	55 Mailing address (number, street, apt. or suite no.) <b>BPTP CREST, PLOT 15, UDYOG</b>	56 City <b>GURGAON</b>	57 State	58 ZIP/Postal Code <b>122015</b>	59 Country <b>IN</b>	

<b>Part II Continued - Information on Financial Account(s) Owned Separately</b> <b>Complete a Separate Block for Each Account Owned Separately</b>	<b>FORM 114</b>
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<b>1</b> Filing for calendar year  <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">2019</div>	<b>3-4</b> Check appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here:  <div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;">181-31-8586</div>	<b>6</b> Last Name or Organization Name  <div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;">KONCHADA</div>
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<b>15</b> Maximum value of account during calendar year <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">12,550.</div>	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account   a <input checked="" type="checkbox"/> Bank   b <input type="checkbox"/> Securities   c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0 auto;">HDFC</div>
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<b>18</b> Account number or other designation <div style="border-bottom: 1px solid black; width: 100%; margin: 0 auto;">16281930001362</div>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0 auto;">1-8-702 18, PAKHAL PLAZANEXT TO SHANKAR MUTTNALLAK</div>
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<b>20</b> City <div style="border-bottom: 1px solid black; width: 100%; margin: 0 auto;">HYDERABAD</div>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known <div style="border-bottom: 1px solid black; width: 100%; margin: 0 auto;">500044</div>	<b>23</b> Country <div style="border-bottom: 1px solid black; width: 100%; margin: 0 auto;">INDIA</div>
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<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account   a <input type="checkbox"/> Bank   b <input type="checkbox"/> Securities   c <input type="checkbox"/> Other - Enter type below
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