

2020 TAX RETURN FILING INSTRUCTIONS

OHIO INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

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

Prepared By:

Deloitte Tax Services India Pvt. Ltd
Deloitte Towers, Survey #41, Gachibowli
Hyderabad, Telangana 500032
India

Amount of Tax:

Total tax	\$	2,962
Less: payments and credits	\$	3,152
Plus: interest and penalties	\$	0
Overpayment	\$	190

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	190

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. Please sign, date, and return federal Form 8879 to our office. We will submit your electronic return to the ODT.

Return Must Be Mailed On Or Before:

Return federal Form 8879 to us by March 31, 2021.

Special Instructions:

Your refund will be deposited directly into your account ending in 5218.

Please review the Disclosure Information for Ohio.

Do not staple or paper clip.

2020 Ohio IT 1040



20000185

Sequence No. 1

Ohio

Department of
Taxation

Individual Income Tax Return

Use only black ink/UPPERCASE letters.

03 30 21

Check here if this is an **amended** return. Include the Ohio IT RE.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Do **NOT** include a copy of the previously filed return.

Primary taxpayer's SSN (required)

▶▶ If deceased

Spouse's SSN (if filing jointly)

▶▶ If deceased

School district #
(see instructions).

181 31 8586

check box

check box

SD #▶▶ 3101

First name

ANUSHA

M.I. Last name

KONCHADA

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

9272 DEERCROSS PARKWAY APT NO 2D

Address line 2 (apartment number, suite number, etc.)

City

BLUEASH

State

OH

ZIP code

45236

Ohio county (first four letters)

HAMI

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status

- Check only one for primary

☒ Resident

Part-year
resident

Nonresident
Indicate state

▶▶

Check only one for spouse (if married filing jointly)

Resident

Part-year
resident

Nonresident
Indicate state

▶▶

Filing Status -

Check one (as reported on federal income tax return)

☒ Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement

- See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Check here if you filed the federal extension form 4868.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

1. **Federal adjusted gross income** (federal 1040 and 1040-SR, line 11). Include page 1 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero

1.

104711 00

2a. Additions - Ohio Schedule A, line 10 (**INCLUDE SCHEDULE**)

2a.

00

2b. Deductions - Ohio Schedule A, line 39 (**INCLUDE SCHEDULE**)

2b.

00

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero

3.

104711 00

4. Exemption amount (**INCLUDE SCHEDULE J** if claiming dependents)

4.

1900 00

Number of exemptions including you and your spouse/dependents, if applicable:

1

5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)

5.

102811 00

6. Taxable business income - Ohio Schedule IT BUS, line 13 (**INCLUDE SCHEDULE**)

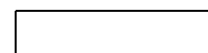
6.

00

7. Line 5 minus line 6 (if less than zero, enter zero)

7.

102811 00



MM-DD-YY



Code

071001 10-23-20 CCH

2020 Ohio IT 1040
Individual Income Tax Return

SSN 181 31 8586



20000285 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	102811 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	2962 00
8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.	00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	2962 00
9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.	198 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	10.	2764 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	12.	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	2764 00
14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	14.	2954 00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	00
16. Refundable credits - Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16.	00
17. Amended return only - amount previously paid with original and/or amended return	17.	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	2954 00
19. Amended return only - overpayment previously requested on original and/or amended return	19.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	20.	2954 00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	00
22. Interest due on late payment of tax (see instructions)	22.	00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE	23.	00
24. Overpayment (line 20 minus line 13)	24.	190 00
25. Original return only - amount of line 24 to be credited toward next year's income tax liability	25.	00
26. Original return only - amount of line 24 to be donated:		
a. Ohio History Fund	b. State nature preserves	c. Breast/Cervical Cancer
00	00	00
d. Wishes for Sick Children	e. Wildlife species	f. Military injury relief
00	00	00
Total		26g. 00
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND	27. 190 00

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature X. Mahesh Dalavai Phone number +1 623 215 5033
Spouse's signature _____ Date (MM/DD/YY) _____
☒ Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name MAHESH DALAVAI Phone number (678) 299-6000

Preparer's TIN (PTIN)

P01617877

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057



20280185

Sequence No. 7

03 30 21

181 31 8586

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	2962 00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.	00
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.	00
7a. Campaign contribution credit for Ohio statewide office or General Assembly	7a.	00
8. Income-based exemption credit (\$20 times the number of exemptions)	8.	00
9. Total (add lines 2 through 8)	9.	00
10. Tax less credits (line 1 minus line 9; if less than zero, enter zero)	10.	2962 00
11. Joint filing credit (see instructions for table). % times line 10, up to \$650	11.	00
12. Earned income credit	12.	00
13. Ohio adoption credit	13.	00
14. Nonrefundable job retention credit (include a copy of the credit certificate)	14.	00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	15.	00
16. Credit for purchases of grape production property	16.	00
17. InvestOhio credit (include a copy of the credit certificate)	17.	00
18. Lead abatement credit (include a copy of the credit certificate)	18.	00
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.	00
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.	00
21. Enterprise zone day care & training credits (include a copy of the credit certificate)	21.	00
22. Research & development credit (include a copy of the credit certificate)	22.	00
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.	00
24. Total (add lines 11 through 23)	24.	00
25. Tax less additional credits (line 10 minus line 24; if less than zero, enter zero)	25.	2962 00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN

181 31 8586



20280285

Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)	26.		00
27. Ohio adjusted gross income (Ohio IT 1040, line 3) ...	27.		00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit	28.		00

Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy)	29.	7008	00
30. Ohio adjusted gross income (Ohio IT 1040, line 3) ...	30.	104711	00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here	31.	.0669	198 00
32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)	32.	208	00
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	33.		198 00
GA			
34. Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) ...	34.		198 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	35.		00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	36.		00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s)	37.		00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	38.		00
39. Venture capital credit (include a copy of the credit certificate)	39.		00
40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16)	40.		00

**2020 Schedule of Ohio
Withholding**

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

181 31 8586



20350185

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here
and on line 14 of your Ohio IT 1040 1. 2954 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	061454513	104431 00	16251 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52633534	104431 00	2954 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2020 Schedule of Ohio Withholding

Primary taxpayer's SSN
181 31 8586



20350285

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Box b - EIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld

2. P/S Box b - EIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld

**IT RC - Ohio Resident Credit Calculation**
Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name ANUSHA KONCHADA	SSN 181 31 8586
---	---------------------------

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." Taxes paid on an individual's behalf by a pass-through entity on a composite income tax return should be included on this form. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

Important: Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

(A) Income Taxed		(B) Tax Paid		(A) Income Taxed		(B) Tax Paid	
AL	00		00	MN	00		00
AR	00		00	MO	00		00
AZ	00		00	MS	00		00
CA	00		00	MT	00		00
CO	00		00	NC	00		00
CT	00		00	ND	00		00
DC	00		00	NE	00		00
DE	00		00	NH	00		00
GA	7,008	00	208	00	NJ	00	00
HI	00		00	NM	00		00
IA	00		00	NY	00		00
ID	00		00	OK	00		00
IL	00		00	OR	00		00
IN	00		00	PA	00		00
KS	00		00	RI	00		00
KY	00		00	SC	00		00
LA	00		00	TN	00		00
MA	00		00	UT	00		00
MD	00		00	VA	00		00
ME	00		00	VT	00		00
MI	00		00	WI	00		00
				WV	00		00

1a. Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits	1a.	7,008	00
1b. Tax Paid to Other States and the District of Columbia (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits	1b.	208	00



2020 Ohio IT/SD 2210
Interest Penalty on Underpayment of Ohio Individual Income,
School District Income and Pass-Through Entity Tax

Include with your 2020 Ohio tax return.

Use UPPERCASE letters.

Section 1: Complete this section if you are filing **Ohio IT 1040** or **SD 100**.

Taxpayer's SSN (required)

Spouse's SSN (only if married filing jointly)

181 31 8586

Taxpayer's first name

ANUSHA

M.I. Last name

KONCHADA

Spouse's first name (only if married filing jointly)

M.I. Last name

Section 2: Complete this section if you are filing **Ohio IT 4708, IT 1140, IT 1041, or SD 100E**.

FEIN

Decedent's SSN (estates)

Name of pass-through entity, trust or estate

Additional line, if necessary, for name of pass-through entity, trust or estate

Section 3:

Total interest penalty due (from page 2, line 8 or page 3, line 6)

Include pages 1 and 2 when you file your Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708 tax return.

Include pages 1 and 3 when you file your Ohio IT 1140 tax return.

Federal Privacy Act Notice: Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.



10211411

IT/SD 2210
Rev. 2/21Taxpayer's name **ANUSHA KONCHADA**Taxpayer's FEIN/SSN **181 31 8586****2020****Part I - Calculating the Required Annual Payment
When Filing the Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708**Use this form to calculate interest penalty on underpayment of taxes and to show the exceptions where no interest penalty is due.
See instructions.☐ Check here if you engage in farming or fishing activities and refer to Ohio Administrative Code Rule 5703-7-04 for options.

1. **2020** Ohio income taxes paid (timely paid* **2020** estimated payments plus withholding plus **2019** credit carryforward) 1. 2,954 00
2. **2020** Ohio income tax liability (total tax minus total credits) 2. 2,764 00
3. **2019** Ohio income tax liability (total tax minus total credits) 3. 535 00
4. Multiply line 2 by 90% (.90) 4. 2,488 00
- 5a. Is line 1 greater than or equal to line 4? If yes, STOP, you have no interest penalty. If no, continue to line 5b 5a. ☒ Yes ☐ No
- 5b. Did you timely file a 2019 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d 5b. ☐ Yes ☐ No
- 5c. Is line 1 greater than or equal to line 3? If yes, STOP, you have no interest penalty. If no, continue to line 5d 5c. ☐ Yes ☐ No
- 5d. Is line 2 less any withholding \$500 or less? If yes, STOP, you have no interest penalty. If no, continue to line 6 5d. ☐ Yes ☐ No
6. If you answered "Yes" on line 5b, enter the lesser of line 3 or line 4. If you answered "No", enter the amount from line 4. Then continue to Part II 6. 00

*Do not include any estimated payments that were made after their respective due date.

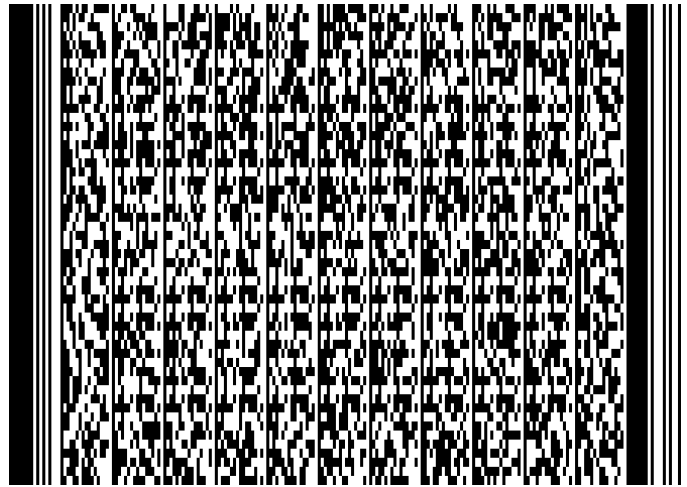
Part II - Calculating the Interest Penalty Due

Payment Due Dates (see note below)				
	A 7/15/20 - 25%	B 7/15/20 - 50%	C 9/15/20 - 75%	D 1/15/21 - 100%
1. Multiply the amount on Part I, line 6 by the percentage indicated at the top of each column at right 1.				
2. Multiply the total tax withheld from compensation by the percentage indicated at the top of each column at right ... 2.				
3. Total estimated tax paid by the dates shown at the top of each column at right 3.				
4. Add lines 2 and 3 4.				
5. Underpayment subject to interest penalty (line 1 minus line 4; if less than zero, enter zero) 5.				
6. Ratio (if full or partial payment was made see instructions) 6.	0.000000	0.008487	0.015880	0.007392
7. Interest penalty for the period: Multiply line 5 by line 6 for each column at right 7.				
8. Total interest penalty due (sum of line 7, columns A through D). Enter here and on Section 3 of page 1 8.				

Note: Payment due dates - the associated dates and the rates on line 6 are for calendar year taxpayers. Fiscal year taxpayers must adjust the payment due dates and the line 6 ratios accordingly.



2100415012

**Georgia Form 500** (Rev. 06/20/20)

Individual Income Tax Return

Georgia Department of Revenue

2020 (Approved software version)**Page 1**Fiscal Year
Beginning 01/01/2020STATE OH
ISSUEDFiscal Year
Ending 12/31/2020YOUR DRIVER'S
LICENSE/STATE ID 061091815YOUR FIRST NAME
1. ANUSHAMI YOUR SOCIAL SECURITY NUMBER
181-31-8586LAST NAME (For Name Change See IT-511 Tax Booklet)
KONCHADA

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS
2. 9272 DEERCROSS PARKWAY HAS CHANGED

APT. 2D

CITY (Please insert a space if the city has multiple names)
3. BLUEASHSTATE ZIP CODE
OH 45236

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT- 511 Tax Booklet) 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☐ 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a.

045001 09-28-20

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
181-31-8586

Page 2

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040) 8. **104711**
(Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.
11. Standard Deduction (Do not use **FEDERAL STANDARD DEDUCTION**) 11a.
(See IT-511 Tax Booklet)
- | | | | | |
|--|---------------------------------|-------|----------|------|
| b. Self: 65 or over? <input type="checkbox"/> | Blind? <input type="checkbox"/> | Total | x 1,300= | 11b. |
| Spouse: 65 or over? <input type="checkbox"/> | Blind? <input type="checkbox"/> | | | |
| c. Total Standard Deduction (Line 11a + Line 11b) 11c. | | | | |
| Use EITHER Line 11c OR Line 12c (Do not write on both lines) | | | | |
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**
- | |
|--|
| a. Federal Itemized Deductions (Schedule A - Form 1040) 12a. |
| b. Less adjustments: (See IT-511 Tax Booklet) 12b. |
| c. Georgia Total Itemized Deductions 12c. |
13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.



YOUR SOCIAL SECURITY NUMBER
181-31-8586

Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D	14a.	
or multiply by \$3,700 for filing status B or C		
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	6520
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	6520
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	208
17. Low Income Credit	17a.	17b.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	208

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 061454513	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID 2214871HF	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 7008	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 403	5. GA TAX WITHHELD	5. GA TAX WITHHELD



YOUR SOCIAL SECURITY NUMBER
181-31-8586

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. **Georgia Income Tax Withheld on Wages and 1099s** 23. **403**
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. **Other Georgia Income Tax Withheld** 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. **Estimated Tax paid for 2020 and Form IT-560** 25.
26. **Schedule 2B Refundable Tax Credits** 26.
(Cannot be claimed unless filed electronically)
27. **Total prepayment credits (Add Lines 23, 24, 25 and 26)** 27. **403**
28. **If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter**
balance due 28.
29. **If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter**
overpayment 29. **195**
30. **Amount to be credited to 2021 ESTIMATED TAX** 30.
31. **Georgia Wildlife Conservation Fund (No gift of less than \$1.00)** 31.
32. **Georgia Fund for Children and Elderly (No gift of less than \$1.00)** 32.
33. **Georgia Cancer Research Fund (No gift of less than \$1.00)** 33.
34. **Georgia Land Conservation Program (No gift of less than \$1.00)** 34.
35. **Georgia National Guard Foundation (No gift of less than \$1.00)** 35.
36. **Dog & Cat Sterilization Fund (No gift of less than \$1.00)** 36.
37. **Saving the Cure Fund (No gift of less than \$1.00)** 37.
38. **Realizing Educational Achievement Can Happen (REACH) Program** 38.
(No gift of less than \$1.00)

045012 09-28-20

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2020



YOUR SOCIAL SECURITY NUMBER
181-31-8586

Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.
40. Form 500 UET (Estimated tax penalty) ☒ 500 UET exception attached 40.
41. (If you owe) Add Lines 28, 31 thru 40 41.

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42. **195**
- If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.
- 42a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☒ Savings ☐
Routing Number 122100024
Account Number 860275218

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/we declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.
Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

K. Amisha

Taxpayer's Signature ☐ (Check box if deceased)

Date 10th April 2021

Spouse's Signature ☐ (Check box if deceased)

Date

Taxpayer's Phone Number

☒ I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

MAHESH DALAVAI

Signature of Preparer

Name of Preparer Other Than Taxpayer

MAHESH DALAVAI

Preparer's Firm Name

DELOITTE TAX SERVICES IND

Preparer's Phone Number

678-299-6000

Preparer's FEIN

98-0432569

Preparer's SSN/PTIN/SIDN

P01617877

045013 09-28-20

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



2107415012

YOUR SOCIAL SECURITY NUMBER

181-31-8586

2020 (Approved software version)

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)		INCOME NOT TAXABLE TO GEORGIA (COLUMN B)		GEORGIA INCOME (COLUMN C)	
1. WAGES, SALARIES, TIPS, etc	104711	1. WAGES, SALARIES, TIPS, etc	97703	1. WAGES, SALARIES, TIPS, etc	7008
2. INTEREST AND DIVIDENDS		2. INTEREST AND DIVIDENDS		2. INTEREST AND DIVIDENDS	
3. BUSINESS INCOME OR (LOSS)		3. BUSINESS INCOME OR (LOSS)		3. BUSINESS INCOME OR (LOSS)	
4. OTHER INCOME OR (LOSS)		4. OTHER INCOME OR (LOSS)		4. OTHER INCOME OR (LOSS)	
5. TOTAL INCOME: TOTAL LINES 1 THRU 4	104711	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	97703	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	7008
6. TOTAL ADJUSTMENTS FROM FORM 1040		6. TOTAL ADJUSTMENTS FROM FORM 1040		6. TOTAL ADJUSTMENTS FROM FORM 1040	
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1		7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1		7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	104711	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	97703	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	7008
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio <input type="checkbox"/> Enter percentage		9. 6.69		% Not to exceed 100%	
10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized <input type="checkbox"/> (See IT-511 Tax Booklet)		10a. 4600			
10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total X 1,300 =		10b.			
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)					
11a. Enter the number on Line 6c. from Form 500 or 500X 1 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C		11a. 2700			
11b. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000		11b.			
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b		12. 7300			
13. Multiply Line 12 by Ratio on Line 9 and enter result		13. 488			
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X		14. 6520			



☐ Meets Exception 4 for
an estate of a decedent
or a testamentary trust

For tax years 2019 and later

(Attach this form to Form 500 or 501)

HOW TO FIGURE YOUR UNDERPAYMENT

(Complete Lines 1 through 6)

YOUR FIRST NAME	SOCIAL SECURITY OR I.D. NUMBER
ANUSHA	181 31 8586
LAST NAME	
KONCHADA	

1. Tax (from Form 500 Line 16 or Form 501 Line 8)	1.	208
2. Credits Used (from Form 500 Line 21 and Line 26 or Form 501 Line 9c and Line 11c)	2.	
3. Balance Due (Line 1 less Line 2)	3.	208
4. Enter 100% of the Immediately Preceding Year's Tax (return must be for a 12-month period)	4.	4516
5. Enter 70% of the Amount Shown on Line 3	5.	146

		DUE DATE OF INSTALLMENTS			
		JULY 15, 2020	JULY 15, 2020	SEPT. 15, 2020	JAN. 15, 2021
6. Divide amount on Line 4 by the number of installments required for the year (See Instruction B), enter the results in appropriate columns	6.	1129	1129	1129	1129
7. Divide amount on Line 5 by the number of installments required for the year (See Instruction B), enter the results in the appropriate column	7.	37	37	37	35
8. Enter the lesser of Line 6 or Line 7 for each period in the appropriate column	8.	37	37	37	35
9. Amounts paid on estimate for each period and tax withheld (withheld treated equally paid for each quarter)	9.	202		101	100
10. Overpayment of previous installment (See Instruction E)	10.		165	128	192
11. Total of Line 9 and Line 10	11.	202	165	229	292
12. Underpayment (Line 8 less Line 11) or Overpayment (Line 11 less Line 8)	12.	-165	-128	-192	-257

EXCEPTIONS WHICH AVOID THE PENALTY (See Instruction D)
(Farmers and fishermen see Instruction G for special exception)

13. Total amount paid and withheld from Jan. 1, through the installment date indicated (withheld treated equally paid for each quarter)	13.	202	202	303	403
14. Exception 1. - Tax on prior years income current year rates and exemptions	14.				
15. Exception 2. - Tax on annualized current year income	15.				Not
16. Exception 3. - Tax on current year's income over 3, 5, 8, month periods	16.				Applicable

HOW TO FIGURE THE PENALTY

(Complete Lines 17 through 21 for installments not avoided by an exception)

17. Amount of underpayment (from Line 12)	17.				
18. Date of payment or April 15, 2021 whichever is earlier (See Instruction F)	18.				
19. Number of days from due date of installment to date shown on Line 18	19.				
20. Penalty (9 percent a year on amount shown on Line 17 for the number of days shown on Line 19)	20.				
21. Penalty (Add amounts on Line 20) show this amount in the space provided on Form 500 / 501	21.	01	150		0