2018 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

Anusha Konchada 509 Lindbergh place NE Apt. No. 701 Atlanta, GA 30324

Prepared By:

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

Amount of Tax:

Total tax	\$ 14,084
Less: payments and credits	\$ 15,919
Plus: interest and penalties	\$ 0
Overpayment	\$ 1,835

Overpayment:

Credited to your estimated tax	\$ 0
Refunded to you	\$ 1,835

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS.

Return Must Be Mailed On Or Before:

Return federal Form 8879 to us by April 15, 2019.

Special Instructions:

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

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► Return completed Form 8879 to your ERO. (Don't send to the IRS.) ► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2018

Submission Identification Number (SID)		
Taxpayer's name ANUSHA KONCHADA		security number 81 31 8586
Spouse's name	Spouse	's social security number
Part I Tax Return Information - Tax Year Ending December 31, 2018 (Whole dollars only)		
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	. 1	94,497.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)		14,084.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)		15,919.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)		1,835.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75) Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a	5	of your roturn)
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying sche for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection or eason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax prepara of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment reasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential infortianswer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize DELOITTE TAX SERVICES INDIA PVT • LT to enter or generate my PIN ERO firm name as my signature on my tax year 2018 electronically filed income tax return. Check this box or PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	declare the declare the transits designition softwart. This a cent, I must be payment mation ris my signification of the control of the contr	nat the amounts ronic return ismission, (b) the nated Financial vare for payment uthorization is to st contact the U.S. ent (settlement) inature for my
Your signature ▶ Date ▶		
Spouse's PIN: check one box only		
I authorize to enter or generate my PIN		
ERO firm name as my signature on my tax year 2018 electronically filed income tax return.		five digits, but enter all zeros
I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box or PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ily if you	are entering your own
Spouse's signature ▶ Date ▶		
Practitioner PIN Method Returns Only - continue below		
Part III Certification and Authentication - Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 9 8 0 8 6 9 1 Don't enter all ze		5 2
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN Handbook for Authorized IRS _{e-file} Providers of Individual Income Tax Returns.	tax retu	rn for the taxpayer(s) and Pub. 1345,
ERO's signature ► <u>VENKATA NAGA SATISH UPPULURI</u> Date ►	02	/25/2019
ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So		

Tax Year 2018 e-file Jurat/Disclosure for Form 1040 or 1040NR using Practitioner PIN method (with or without Electronic Funds Withdrawal)

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 98086911352

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations Perjury Statement

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 68586 Date 02252019

Spouse's PIN: _____

<u>E</u> 1040	Department of the Treasury - U.S. Individual Ir		(99) 20)18	OMB No	. 1545-0074					
				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7	: d / \	IRS Use	Only - Do no	ot write or star	ole in this spa	ce.
Your first nan		Married filing se	Last name	=	senoia <u>L</u>	Qualifying w	idow(er)		1	social sec	urity numbe	er er
Your standard	d deduction: Someone of	can claim you as a d		$\neg \neg$	re born	before January	2. 1954	You	are blind			
	, spouse's first name and initi		Last name			201010 04114417	_,			se's social	security nu	imber
Spouse standard Spouse is	blind Spouse iten	an claim your spous nizes on a separate r	return or yo	u were dual-st		was born before en	e January 2			Full-year heal or exempt (se	th care covera e inst.)	ıge
	s (number and street). If you IDBERGH PLACE	•	e instruction	S.				Apt. no. 701	Presi (see in	\square	ction Camp	paign. pouse
City, town or ATLANTA	post office, state, and ZIP cod A , GA 30324	le. If you have a fore	eign address	s, attach Sche	dule 6.					ore than founst. and 🗸	r dependen here ⊳	ts,
Dependents ((1) First name	(see instructions):	Last name	(2) Soc	cial security num	ber	(3) Relationship	to you		(4) √ if qua ax credit	Credit fo	inst.): r other depen	dents
Sign Here	Under penalties of perjury, I dec correct, and complete. Declarati Your signature	lare that I have examine on of preparer (other tha	d this return a an taxpayer) is	nd accompanyin based on all info Date	rmation o	of which preparer hoccupation	as any knowl	eest of my kn ledge.	owledge and	If the IRS se	ent you an Ide PIN,	ntity
See instructions. Keep a copy for your records.	Spouse's signature. If a join	nt return, both must s	ign.	Date		NSULTAN use's occupation	<u>'I'</u>			If the IRS se Protection F enter it here	ent you an Ide PIN,	ntity
Paid Preparer	Preparer's name VENKATA NAGA	'	rer's signature			PTIN		Firm's EIN	l	' 	eck if:	
Use Only	SATISH UPPULU	JRI SAT	ISH U	PPULUR	I	P01471		98-04	43256	9 🗓	3rd Party De	•
Firm's name	DELOITTE TAX						Phone no. (678)	299-	-6000		Self-employ	ed
Firm's address	DELOITTE TOWN	•		•		ROMTI						

Form **1040** (2018)

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018)	ANU	JSHA KONCHADA		181-31-858	36	Page 2
	1	Wages, salaries, tips, etc. Attach F	orm(s) W-2	STMT 1	1	94,497.
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a	b Ordinary dividends	3b	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities	4a	b Taxable amount	4b	
withheld.	5a	Social security benefits	5a	b Taxable amount	5b	
	6	Total income. Add lines 1 through	5. Add any amount from Sched	lule 1, line 22	6	94,497.
	7	Adjusted gross income. If you have	ve no adjustments to income, en	ter the amount from line 6; otherwise,		
Standard Deduction for -		subtract Schedule 1, line 36, from	line 6		7	94,497.
 Single or married filing separately, 	_8_	Standard deduction or itemized o	deductions (from Schedule A)		8	12,000.
\$12,000	9	Qualified business income deduct	ion (see instructions)		9	
 Married filing jointly or 	10	Taxable income. Subtract lines 8 a	and 9 from line 7. If zero or less,	, enter -0	10	82,497.
Qualifying	11	a Tax inst)14,	084 • (check if any from: 1 8814	(S) 2	_)	
widow(er), \$24,000		b Add any amount from Schedule	2 and check here	>	11	14,084.
Head of	12	a Child tax credit/credit for other depen	12			
household, \$18,000	13	Subtract line 12 from line 11. If ze	13	14,084.		
If you checked	14	Other taxes. Attach Schedule 4	14			
any box under Standard	15				15	14,084.
deduction, see instructions.	16	Federal income tax withheld from	Forms W-2 and 1099		16	15,919.
	17			C Form 8863	_	
				_		
	18					15,919.
	19	If line 18 is more than line 15, sub	otract line 15 from line 18. This i	s the amount you overpaid	19	1,835.
Refund	20 a	Amount of line 19 you want refun	ded to you. If Form 8888 is atta	iched, check <u>he</u> re ▶	20a	1,835.
Direct deposit?	▶ b	Routing number 122100	024	· c Type: 🛛 Checking 📗 Saving	js	
See instructions.	► d	Account number 860275	218			
	21	Amount of line 19 you want appli	ed to your 2019 estimated tax	▶ 21		
Amount You	22	Amount you owe. Subtract line 18	8 from line 15. For details on ho	w to pay, see instructions	22	
Owe	23	Estimated tax penalty (see instruc	tions)	▶ 23		

Form **2210**

Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► Go to www.irs.gov/Form2210 for instructions and the latest information.

► Attach to Form 1040, 1040NR, 1040NR-EZ, or 1041.

OMB No.1545-0074

2018 Attachment Sequence No. 06

Name(s) shown on tax return

Identifying number

ANUSHA KONCHADA

181-31-8586

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?] Yes ▶	Don't file Form 2	2210. You don't	owe a	penalty.
No ▼					
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a (but if box E in Pa Form 2210).			
No	_	,			
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file For	m 2210. Does b	ox B, C	, or D in Part II apply?
No		No	Yes	ou mu	st figure your penalty.
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210. You aren't required to figure it figure it and send you a bill for figure it, you may use Part III or your penalty amount on your tax return, but don't file Form 2210.					d amount. If you want to s a worksheet and enter
Part I Required Annual Payment					
1 Enter your 2018 tax after credits from Form 1040, line 13 (see instructi	ions if not filing	Form 1040)		1	14,084.
2 Other taxes, including self-employment tax and, if applicable, Additiona	al Medicare Tax a	and/or Net Investment			
Income Tax (see instructions)				2	
3 Refundable credits, including the premium tax credit (see instructions)				3	(
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; y				4	14,084.
5 Multiply line 4 by 90% (0.90)		5	12,676.		
6 Withholding taxes. Don't include estimated tax payments (see instructi	ons)			6	15,919.
7 Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a p				7	0.
8 Maximum required annual payment based on prior year's tax (see instr				8	
9 Required annual payment. Enter the smaller of line 5 or line 8				9	
Next; Is line 9 more than line 6?					
No. You don't owe a penalty. Don't file Form 2210 unless box E be					
Yes. You may owe a penalty, but don't file Form 2210 unless one		n Part II below applies	•		
• If box B , C , or D applies, you must figure your penalty and file F					
 If box A or E applies (but not B, C, or D) file only page 1 of Forr a bill for any unpaid amount. If you want to figure your penalty, yo 					
only page 1 of Form 2210.	u may use rait	iii ui iv as a wurksiiee	t and enter your pr	citally U	i your tax return, but me
Part II Reasons for Filing. Check applicable boxes. If non	e apply. don't	t file Form 2210			
A You request a waiver (see instructions) of your entire penalty due			ust check this how	and file	nage 1 of Form
2210, but you aren't required to figure your penalty.	to tax rotoriii Ui	5.1101 10000110. 100 III	act officer tille box	and mo	pago i oi i oiiii
B You request a waiver (see instructions) of part of your penalty. You	ou must fiaure vi	our penalty and waiver	amount and file F	orm 221	0.
C Your income varied during the year and your penalty is reduced or					
figure the penalty using Schedule Al and file Form 2210.		5 2			
D Your penalty is lower when figured by treating the federal income	tax withheld fror	n your income as paid	on the dates it wa	s actual	ly withheld, instead of in
equal amounts on the payment due dates. You must figure your pe	enalty and file Fo	orm 2210.			
E You filed or are filing a joint return for either 2017 or 2018, but no	-		naller than line 5 al	ove. Yo	u must file page 1 of
Form 2210 but you aren't required to figure your penalty (unless					

SCHEDULE B

(Form 1040)

Part I

Interest

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

ANUSHA KONCHADA

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.

List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that

buyer's social security number and address

► Attach to Form 1040.

OMB No. 1545-0074 181 31 8586 Amount

			1	
Note: If you received a Form				
1099-INT,				
Form 1099-OID, or substitute				
statement from				
a brokerage firm, list the firm's				
name as the				
payer and enter the total interest				
shown on that	2	Add the amounts on line 1	2	
form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	\ <u></u>	
	3		3	
	4	Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b	4	
			++	Amount
Part II		e: If line 4 is over \$1,500, you must complete Part III. List name of payer ▶	1	Amount
	5	List name of payer		
Ordinary				
Dividends				
			_	
Note: If you			5	
received a Form 1099-DIV or				
substitute				
statement from a brokerage firm,				
list the firm's				

Foreign Accounts and **Trusts**

827501 10-24-18

Part III

name as the payer and enter the ordinary dividends shown on that form.

> You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such Х as a bank account, securities account, or brokerage account) located in a foreign country? See instructions If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing X requirements and exceptions to those requirements b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b

Note: If line 6 is over \$1,500, you must complete Part III.

If "Yes," you may have to file Form 3520. See instructions

X

6

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

► Go to www.irs.gov/Form1116 for instructions and the latest information.

Nan	ne						ı	dentifying numb	er as show	n on page	e 1 of your tax return
ΔN	IUSHA KO	NCHADA						181-31-	8586		
			n category of inc	ome listed belov	N. See Categorie	s of Income i	n the instructions			ch Form	1116. Report all
amo	ounts in U.S. doll	lars except wh	ere specified in F	Part II below.	ooo Calegorie	s of fricorrie		. Oncon only one	50X 011 00	.0111 0111	. Trior Hoport an
a [a Section 951A income c Passive category income e Section 901(j) income g Lump-sum distributions										
ь [Foreign bi	ranch income		neral category in		_	come re-sourced	by treaty		•	
	esident of (name										
		-	-	•	possession, use			-	ou paid t	axes to	
					separate columr						
P	art I Taxal	ole Income d	or Loss From	Sources Outs	ide the United	· · · · · · · · · · · · · · · · · · ·					
						Foreign Cou	ntry or U.S. Po				Total
					Α		В	С		(Add	cols. A, B, and C.)
i			reign country		TAIDTA						
					INDIA						
1a	Gross income		-	hown above							
	and of the type	e checked abov	/e:								
						55.				1a	55.
b		•	tion for personal								
			pensation from a								
			ised an alternati	ve basis to							
_	determine its s										
ре	ductions and i	iosses (Cau	ion: See instri	uctions.):							
2	Expenses defi	nitely related	to the income or	n line 1a							
	(attach statem	ent)									
3			ctions not defini	-	100						
а			or standard dedu		12,0	00.					
b	Other deduction	ons (attach sta	tement)								
С					12,0						
d						55.					
е			es		94,4						
f	Divide line 3d				.00	058					
g						7.					
4	Pro rata share	of interest exp	ense:								
а	Home mortga	•		for							
			ne instructions)								
b											
5	Losses from fo	•									-
6	Add lines 2, 3g					7.				6	7.
	Subtract line 6				15, page 2				>	7	48.
_			Paid or Ac	cruea	F	•					
١	Credit is claimed for taxes				Forei	in taxes paid	d or accrued				
	(you must		In forei	gn currency	1			In U.S. doll	ars		
左	check one)	_			(p) Other	_			(t) 0		(u)Total foreign
≍	(j) X Paid	Taxes	withheld at sour	ce on:	foreign	lax	es withheld at sou	irce on:	fore		taxes paid or
ರ	(k) Accrued	+	(n) Rents and	(2)	taxes paid or accrued	(2) 5: : :	(r) Rents and	/a\ let	taxes p		accrued (add cols. (q) through (t))
_	(I) Date paid or accrued	(m)Dividends	(n) Rents and royalties	(0) Interest	200,000	(q) Dividends	(r) Rents and royalties	(s) Interest			(4) 29 (4)
4											
A B C											
	Add lines A the	ough C solum	n (u) Entartha	total hara and	on line Q nage 2	<u> </u>				<u> </u>	

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	9		-	
10	Carryback or carryover (attach detailed computation)	10			
	(If your income was section 951A income (box a above Part I), leave				
	line 10 blank.)				
11	Add lines 9 and 10	11		-	
12	Reduction in foreign taxes	12			
13	Taxes reclassified under high tax kickout	13		-	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
	United States (before adjustments) for the category of income checked above Part I	15	48.		
16	Adjustments to line 15	16			
	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
	one Form 1116, you must complete line 20.)	17	48.		
18	Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41.				
	Estates and trusts: Enter your taxable income without the deduction for your				
	exemption	. 18	82,497.		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, se	ee instructions.			22250
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.00058
20	Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you				
	total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041,		•		14,084.
	Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form		42	20	14,004.
04	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see in			21	8.
	Multiply line 20 by line 19 (maximum amount of credit) Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23			21	<u></u>
22	amount on line 21. Otherwise, complete the appropriate line in Part IV		_	22	
P	art IV Summary of Credits From Separate Parts III			~~	
23	Credit for taxes on section 951A income	23			
	Credit for taxes on foreign branch income				
	Credit for taxes on passive category income	11			
	Credit for taxes on general category income	26			
27	Credit for taxes on section 901(j) income	27			
	Credit for taxes on certain income re-sourced by treaty	28			
	Credit for taxes on lump-sum distributions				
	Add lines 23 through 29			30	
31	Enter the smaller of line 20 or line 30			31	0.
	Reduction of credit for international boycott operations			32	
33	Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Fo	orm 1040), line 4	8;		_
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a		>	33	0.

Form **1116** (2018)

DOES NOT APPLY **Alternative Minimum Tax - Individuals**

► Go to www.irs.gov/Form6251 for instructions and the latest information.

OMB No. 1545-0074

Your social security number

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR

► Attach to Form 1040 or Form 1040NR.

Part I Alternative Minimum Taxable Income 1 Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) 2 If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from	ANU	JSHA KONCHADA		181 31 8586
and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) 2 if filling Schedula A (Form 1040), enter the taxes from Schedula A, line 7; otherwise, enter the amount from Form 1040, line 8 1				
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Form 6251 (2018) ANUSHA KONCHADA Part III Tax Computation Using Maximum Capital Gains Rates

	Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Workshee	et in the	e instructions.	
12	Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from			
	line 3 of the worksheet in the instructions for line 7	12		
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions			
	for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions			
	for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If			
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13		
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see			
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14		
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount			
	from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line			
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or			
	2555-EZ, see instructions for the amount to enter	15		
	Enter the smaller of line 12 or line 15	16		
	Subtract line 16 from line 12	17		
18	If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise,			
	multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	18		
19	Enter:			
	• \$77,200 if married filing jointly or qualifying widow(er),			
	• \$38,600 if single or married filing separately, or	19		
	• \$51,700 if head of household.			
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions			
	for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions			
	for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete			
	either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0 If	00		
04	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	20		
	Subtract line 20 from line 19. If zero or less, enter -0-	21		
22	Enter the smaller of line 12 or line 13	22		
	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23 24		
	Subtract line 23 from line 22 Enter:	24		
23	• \$425,800 if single			
	• \$239,500 if married filing separately	25		
	\$479,000 if married filing jointly or qualifying widow(er) \$452,400 if head of household			
26	Enter the amount from line 21	26		
	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions			
	for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies			
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the			
	amount from Form 1040, line 10; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,			
	see instructions for the amount to enter	27		
28	Add line 26 and line 27	28		
29	Subtract line 28 from line 25. If zero or less, enter -0-	29		
30	Enter the smaller of line 24 or line 29	30		
	Multiply line 30 by 15% (0.15)	31		
	Add lines 23 and 30	32		
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.			
	Subtract line 32 from line 22	33		
34	Multiply line 33 by 20% (0.20)	34		
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.			
	Add lines 17, 32, and 33	35		
	Subtract line 35 from line 12	36		
	Multiply line 36 by 25% (0.25)	37		
	Add lines 18, 31, 34, and 37	38		
39	If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26).			
40	Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	39		
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not			
	enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	L	

ALTERNATIVE MINIMUM TAX Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Form **1116** (2018)

Name Identifying number as shown on page 1 of your tax return ANUSHA KONCHADA 181-31-8586 Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. **g** Lump-sum distributions Section 951A income Passive category income Section 901(j) income **d** X General category income Foreign branch income Certain income re-sourced by treaty h Resident of (name of country) ▶ UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for category checked above) Foreign Country or U.S. Possession Total С В (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. INDIA **1a** Gross income from sources within country shown above and of the type checked above: 55. 55. 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) -Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction Other deductions (attach statement) Add lines 3a and 3b 55. Gross foreign source income 94,497. Gross income from all sources .00058 Divide line 3d by line 3e Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In U.S. dollars In foreign currency (you must check one) (t) Other (u) Total foreign (p) Other Taxes withheld at source on: Taxes withheld at source on: X Paid (j) foreign foreign taxes paid or taxes paid or accrued (add cols. taxes paid or accrued accrued (q) through (t)) (I) Date paid or accrued (n) Rents and royalties (s) Interest (m)Dividends (0) Interest (q) Dividends В c Add lines A through C, column (u). Enter the total here and on line 9, page 2

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2018) ANUSHA KONCHADA

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	9			
10	Carryback or carryover (attach detailed computation)	10			
	(If your income was section 951A income (box a above Part I), leave				
	line 10 blank.)				
11	Add lines 9 and 10	11			
12	Reduction in foreign taxes	12			
13	Taxes reclassified under high tax kickout	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
	United States (before adjustments) for the category of income checked above Part I	15	55.	-	
	Adjustments to line 15	16		-	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than	l <u></u> l			
	one Form 1116, you must complete line 20.)	17	55.	-	
18	Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41.				
	Estates and trusts: Enter your taxable income without the deduction for your		94,497.		
	exemption	18		1	
40	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see in			1	.00058
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	•00030
20	Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are				
	total of Form 1040NR, lines 42 and 44. Estates and trusts : Enter the amount from Form 1041, Sch		•		6,291.
	Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1		e 42	20	0,291.
04	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instru			21	4.
	Multiply line 20 by line 19 (maximum amount of credit) Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thr			21	
22	amount on line 31. Otherwise, complete the appropriate line in Part IV	ough 50 ai	ונו פוונפו נוווס	22	
P	art IV Summary of Credits From Separate Parts III			22	
	Credit for taxes on section 951A income	23			
	Credit for taxes on foreign branch income	24		1	
	Credit for taxes on passive category income	25			
	Credit for taxes on general category income	26			
	Credit for taxes on section 901(j) income	27			
	Credit for taxes on certain income re-sourced by treaty	28			
	Credit for taxes on lump-sum distributions	29			
	Add lines 23 through 29			30	
	Enter the smaller of line 20 or line 30			31	0.
	Reduction of credit for international boycott operations			32	
	Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form				
	Form 1040NR, line 46' Form 1041, Schedule G, line 2a' or Form 990-T, line 45a	,.	•	33	0.

Form **1116** (2018)

Form 1116 U.S. and	Foreign Source Income Summary	•	
NAME			
ANUSHA KONCHADA			181-31-8586
			FOREIGN
INCOME TYPE	TOTAL 94,497.	U.S. 94,442.	GENERAL
Compensation	94,49/.	94,442.	55
Dividends/Distributions			
Interest			
Capital Gains			
Business/Profession			
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate			
Other Income		0.4.4.0	
Gross Income	94,497.	94,442.	55
Loon			
Less:			
Section 911 Exclusion			
Capital Coing Town Adjustment			
Capital Gains Tax Adjustment	94,497.	94,442.	55
Total Income - Form 1116		94,442.	
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions			-
Adjusted Gross Income	94,497.	94,442.	55
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest			
Other Interest			
Ratably Allocated	12,000. 12,000.	11,993. 11,993.	
Total Adjustments to Adjusted Gross Income	12,000.	11,993.	7
		00 115	
Taxable Income	82,497.	82,449.	48

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

ANUSHA KONCHADA

181-31-8586

	Foreign Income Category				GENERAL LI	MITATION INC	COME
Regu	lar	2013	2014	2015	2016	2017	2018
1.	Foreign tax paid/accrued						
2.	FTC carryback to 2018						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						
5.	Maximum credit allowable						8.
6.	Unused foreign tax (+)						
	or excess of limit (-)					-612.	-8.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining					-612.	-8.
	Total foreign taxes from all av	vailable years to be car	ried to next year	2009	2010	2011	2012
1.	Foreign tax paid/accrued		2008	2009	2010	2011	2012
2.	FTC carryback to 2018						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						
5.	Maximum credit allowable						
6.	Unused foreign tax (+)						

limit remaining

9. Foreign tax or excess

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

ANUSHA KONCHADA

181-31-8586

Foreign Income Category

GENERAL LIMITATION INCOME

	i oreign income oategory					1111111011 1110	,O11L
<u>AMT</u>		2013	2014	2015	2016	2017	2018
1.	Foreign tax paid/accrued						
2.	FTC carryback to 2018 for amended returns						
3.	Reduction in foreign taxes						
4.	Foreign tax available						
5.	Maximum credit allowable						4.
6.	Unused foreign tax (+) or excess of limit (-)					-414.	-4.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess limit remaining					-414.	-4.
	Total foreign taxes from all av	ailable years to be car	ried to next year			L	
		[2008	2009	2010	2011	2012
1.	Foreign tax paid/accrued						
9	ETC carryback to 2019						

		2008	2009	2010	2011	2012
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2018					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
6.	Unused foreign tax (+)					
	or excess of limit (-)					
7.	Foreign tax carryback					
	Foreign tax carryforward					
	Foreign tax or excess					
	limit remaining					

Form 1116 Foreign Wages, Salaries, Business and Profession Income NAME 181-31-8586 ANUSHA KONCHADA Wages and Salaries: Source Amount DELOITTE CONSULTING SERVICES INDIA PVT LTD (NON 55. 55. Total Foreign Wages and Salaries ______ **Business and Profession Income:** Source Amount Total Foreign Business and Profession Income _____ Reduction for Foreign Earned Income Exclusion/Deduction: Total Foreign Wages and Salaries _______ Percent Applicable to Foreign Wages and Salaries ______ Reduction Amount 55. Wages and Salaries Included on Form 1116, line 1 Total Foreign Business and Profession Income _____ Foreign Earned Income Exclusion/Deduction Percent Applicable to Foreign Business and Profession Income Reduction Amount Business and Profession Income Included on Form 1116, line 1

ANUSHA KONCHADA 181-31-8586

FORM 1040	WAGES RECEI	STATEMENT 1				
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T DELOITTE CONSULTING SERVICES INDIA PVT LTD. T DELOITTE CONSULTING SERVICES INDIA PVT	94,442.	15,919.	5,339.		5,855.	1,369.
LTD (NON W-2)	55.					
TOTALS	94,497.	15,919.	5,339.		5,855.	1,369.

2018 TAX RETURN FILING INSTRUCTIONS

GEORGIA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

Anusha Konchada 509 Lindbergh place NE Apt. No. 701 Atlanta, GA 30324

Prepared By:

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

Amount of Tax:

Total tax	\$ 5,039
Less: payments and credits	\$ 5,339
Plus: interest and penalties	\$ 0
Overpayment	\$ 300

Overpayment:

Miscellaneous donations	\$ 0
Credited to your estimated tax	\$ 0
Refunded to you	\$ 300

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the GA DOR, please sign, date, and return Form GA 8453 to our office. We will then submit your electronic return to the GA DOR.

Return Must Be Mailed On Or Before:

Return Form GA 8453 to us by April 15, 2019.

Special Instructions:

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

PLEASE DO NOT MAIL!

ERO MUST RETAIN THIS FORM. DO NOT SUBMIT THIS FORM TO GEORGIA DEPARTMENT OF REVENUE

UNLESS REQUESTED TO DO SO.

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER	2018
SIMMADY DE AGDEEMENI BEIMEEN IAXDAYED AND EDO DD DAID DDEDADED	
First Name and Initial Last Name Social Securi	itv Number
	31-8586
	cial Security Number
	•
Home Address (number and street) Apt Number Daytime Tele	phone Number
509 LINDBERGH PLACE NE 701	
City, Town or Post Office ZIP Code	
ATLANTA GA 30324	
P _{ART} I TAX RETURN INFO	RMATION
. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1) 1.	94,49
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15; Form 500EZ, Line 3)	87,19
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	5,03
8. Balance Due (Form 500, Line 40; Form 500X, Line 36; Form 500EZ, Line 20)	
5. Refund (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 21)	30
PART II DECLARATION OF TAX	/DAVED/S)
PART II DECLARATION OF TAX Index penalties of perium. I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Ser	<u>`</u>
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Sei	rvice Provider
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Seland/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic polynomials.	rvice Provider rtion of my 2018
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Sei and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic por Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my	rvice Provider rtion of my 2018 to the best of my
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Serand/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic por Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my	rvice Provider rtion of my 2018 to the best of my
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic points and I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter.	rvice Provider rtion of my 2018 to the best of my ERO/Online
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic por Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Gervice Provider/Transmitter. SIGN HERE TAXPAYER'S SIGNATURE Date SPOUSE'S SIGNATURE (if joint return, both must sign)	rvice Provider rtion of my 2018 to the best of my
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portions are an electronic. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. Pign	rvice Provider rtion of my 2018 to the best of my ERO/Online
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portions are companying schedules and statements, and consider that I have examined my tax return, including accompanying schedules and statements, and consider that the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign Taxpayer's Signature Date Spouse's Signature (if joint return, both must sign)	rvice Provider rtion of my 2018 to the best of my r ERO/Online Date
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portions are companying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign	rvice Provider rtion of my 2018 to the best of my rERO/Online Date
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic por Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign HERE TAXPAYER'S SIGNATURE Date SPOUSE'S SIGNATURE (if joint return, both must sign) ANUSHA KONCHADA PRINT NAME EMAIL ADDRESS PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PI DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE CO	rvice Provider rtion of my 2018 to the best of my rERO/Online Date
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of Electronic portion of Electronic portion of my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign	rvice Provider rtion of my 2018 to the best of my rERO/Online Date REPARER COMPLETE
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of a statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign	rvice Provider rtion of my 2018 to the best of my r ERO/Online Date REPARER COMPLETE 25/19
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of of	rvice Provider rtion of my 2018 to the best of my r ERO/Online Date REPARER COMPLETE 25/19 f paid preparer
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of many return. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign	rvice Provider rtion of my 2018 to the best of my r ERO/Online Date REPARER COMPLETE 25/19 f paid preparer X 98-0432569
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of the electronic portion of the electronic portion of my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign	rvice Provider rtion of my 2018 to the best of my PERO/Online Date REPARER COMPLETE 25/19 Final preparer 98-0432569 01471352
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Second or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign	rvice Provider rtion of my 2018 to the best of my PERO/Online Date REPARER COMPLETE 25/19 Final preparer 98-0432569 01471352
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Second/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. Sign	rvice Provider rtion of my 2018 to the best of my r ERO/Online Date REPARER COMPLETE 25/19 f paid preparer
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic por Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. SIGN HERE TAXPAYER'S SIGNATURE Date SPOUSE'S SIGNATURE (if joint return, both must sign) ANUSHA KONCHADA PRINT NAME EMAIL ADDRESS PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PRINT NAME EMAIL ADDRESS PART III DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE CAND CORRECT TO THE BEST OF MY KNOWLEDGE. ERO'S Signature VENKATA NAGA SATISH UPP Date 02/2 FIRM'S Name DELOITTE TAX SERVICES INDIA PVT. LTD Check also if FEIN/PTIN 95 City, State, & ZIP Code HYDERABAD 500032 INDIA SSN/TIN POTTION OF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF PREPARER HAS ANY KNOWLEDGE. Paid Preparer's Firm's Name FID/TIN 1907.	rvice Provider rtion of my 2018 to the best of my rERO/Online Date REPARER COMPLETE 25/19 f paid preparer 98-0432569 01471352 WHICH THE
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Set and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic por Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my Service Provider/Transmitter. SIGN HERE TAXPAYER'S SIGNATURE Date SPOUSE'S SIGNATURE (#joint return, both must sign) ANUSHA KONCHADA PRINT NAME EMAIL ADDRESS PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PRINT NAME EMAIL ADDRESS PART III DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE CAND CORRECT TO THE BEST OF MY KNOWLEDGE. ERO'S Signature VENKATA NAGA SATISH UPP Date 02/2 FIRM'S Name DELOITTE TAX SERVICES INDIA PVT. LTD Check also if Address DELOITTE TOWERS, SURVEY #41, GACHIBOWL FEIN/PTIN SIN ADDRESS FEROPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF PREPARER HAS ANY KNOWLEDGE. Paid Preparer's Firm's Name FID/TIN SINDIA PAID PAID PRINTING SINDIA PAID PAID PAID PAID PAID PAID PAID P	rvice Provider rtion of my 2018 to the best of my r ERO/Online Date REPARER COMPLETE 25/19 f paid preparer

GA-8453

GA-8453 (REV 06/25/18)

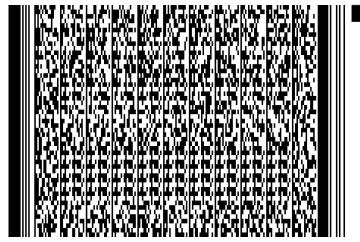
KEEP A COPY WITH YOUR RECORDS

899061 08-17-18



2018 (Approved software version)

Page 1



Fiscal Year 01/01/2018 Fiscal Year Ending 12/31/2018 YOUR DRIVER'S LICENSE/STATE ID STATE ISSUED YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER ΜI 181-31-8586 1. ANUSHA LAST NAME (For Name Change See IT-511 Tax Booklet) **SUFFIX KONCHADA** SPOUSE'S FIRST NAME ΜI SPOUSE'S SOCIAL SECURITY NUMBER DEPARTMENT USE ONLY LAST NAME **SUFFIX CHECK IF ADDRESS** ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2.509 LINDBERGH PLACE NE APT. 701 CITY (Please insert a space if the city has multiple names) **STATE ZIP CODE** 3. ATLANTA 30324 GA (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number T0 3. NONRESIDENT 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) 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) 6a. Yourself X 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6b. Spouse 6c. 1 7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a.

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 depend	dents)	
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 mi	nus sign (-). Example -3,4	456.	
 Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amo W-2s you must include a copy of your Federal Form 	unt on Line 8 is \$40,000 o	or more, or your gross i	94497 income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax B	sooklet)	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Li	ne 9)	10.	94497
11. Standard Deduction (Do not use FEDERAL STANDARD D			4600
b. Self: 65 or over? Blind? Total Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both	x 1,300=		4600
12. Total Itemized Deductions used in computing Federal Tax	-	emized deductions, you	ı 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 b	palance	13.	89897



YOUR SOCIAL SECURITY NUMBER 181-31-8586

Page 3

14a.	Enter the number from Line 6c. 1 Multiple or multiply by \$3,700 for filing status B or C	ly by	/ \$2,700 for filing status A or D	14a.		2700
14b	Enter the number from Line 7a. Multiple	ly by	/ \$3,000	14b.		
14c	Add Lines 14a. and 14b. Enter total			14c.		2700
15.	Georgia taxable income (Line 13 less Line 14c	or S	Schedule 3, Line 14)	15.		87197
16.	Tax (Use Tax Table in the IT-511 Tax Booklet)			16.		5039
17.	Low Income Credit 17a. 17	7b.		17c.		
18.	Other State(s) Tax Credit (Include a copy of the	e otl	her state(s) return)	18.		
19.	Credits used from IND-CR Summary Workshee	et		19.		
20.	Total Credits Used from Schedule 2 Georgia electronically)	а Та	x Credits (must be filed	20.		
21.	Total Credits Used (sum of Lines 17-20) canno	ot ex	ceed Line 16	21.		
22.	Balance (Line 16 less Line 21) if zero or less th	nan z	zero, enter zero	22.		5039
G,	COME STATEMENT DETAILS Only enter inco A Wages/Income. For other income statements , or for Form G2-FL enter zero.					
	(INCOME STATEMENT A)		(INCOME STATEMENT B)			(INCOME STATEMENT C)
1.	WITHHOLDING TYPE: W-2	1.	WITHHOLDING TYPE: W-2 G2-A G	i2-LP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP
	1099 G2-FL G2-RP		1099 G2-FL G	2-RP		1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
	061454513					
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITH	IHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4	2214871HF GA WAGES / INCOME	4.	GA WAGES / INCOME		4	GA WAGES / INCOME
٦.		-7.	GA WAGES / INCOME		٦.	GA WAGES / INCOME
5	94442 GA TAX WITHHELD	5.	GA TAX WITHHELD		5.	GA TAX WITHHELD
٥.	WA TAN WITHIELD	J .	WA TAN WITHILLED		٥.	MO TON WITHIELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

5339

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YOUR SOCIAL SECURITY NUMBER 181-31-8586

Page 4

	(INCOME STATEMENT D)		(INCOME STATEMENT E)			(INCOME STATEMENT F)
1.	WITHHOLDING TYPE: W-2	1.	WITHHOLDING TYPE: W-2 G2-A	G2-LP G2-RP	1.	WITHHOLDING TYPE: W-2
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WIT	HHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		4.	GA WAGES / INCOME
5.	GA TAX WITHHELD	5.	GA TAX WITHHELD		5.	GA TAX WITHHELD
23.	Georgia Income Tax Withheld on Wages a			23.		5339
24.	(Enter Tax Withheld Only and include W-2s Other Georgia Income Tax Withheld		,	24.		
	(Must include G2-A, G2-FL, G2-LP and/or G					
25.	Estimated Tax paid for 2018 and Form IT-5	60		25.		
26. 27.	,			26.		5339
	balance due			27.		
28.	,		m Line 26 and enter	28.		300
29.	Amount to be credited to 2019 ESTIMAT	ED	ГАХ	29.		
30.	Georgia Wildlife Conservation Fund (No gi	ift of	less than \$1.00)	30.		
31.	Georgia Fund for Children and Elderly (No	gift	of less than \$1.00)	31.		
32.	Georgia Cancer Research Fund (No gift o	f les:	s than \$1.00)	32.		
33.	Georgia Land Conservation Program (No	gift o	of less than \$1.00)	33.		
34.	Georgia National Guard Foundation (No g	ift of	less than \$1.00)	34.		
35.	Dog & Cat Sterilization Fund (No gift of le	ss th	an \$1.00)	35.		
36.	Saving the Cure Fund (No gift of less than	n \$1.	00)	36.		
37.	(No gift of less than \$1.00)			37.		
38	Public Safety Memorial Grant (No gift of le	ess t	han \$1.00)	38		

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Page 5

39. Form 500 UET (Esti40. (If you owe) Add LiMAKE CHECK PAY	nes 27, 30 thru 39	X 500 UET except		39. 40.		
Amount Due Mail To: GEORGIA DEPARTMI PROCESSING CENTE ATLANTA, GA 30374-	R, PO BOX 740399					
(If you are due a re THIS IS YOUR REF	•	um of Lines 29 thru 39	9 from Line 28	41.		300
If you do not enter	-	rmation or if you are	a first time filer	you will be issued	l a paper check.	
Type: Checking X Savings	Account	100024 275218			Refund Due Mail To: GEORGIA DEPARTMENT OF REVENU PROCESSING CENTER, PO BOX 7403 ATLANTA, GA 30374-0380	
I/We declare under the penalties of and belief, it is true, correct, and co Georgia Public Revenue Code Sect Taxpayer's Signature Date	mplete. If prepared by a per ion 48-2-31 stipulates that i	son other than the taxpayer(s)	, this declaration is ba	sed on all information of es, free of any expense t	which the preparer has knowledge.	
Taxpayer's Phone Nu	mber		X I autho	orize DOR to discuss	this return with the named preparer.	
By providing my email add my account(s). Taxpayer's Email Addre		the Georgia Department o	of Revenue to elect	onically notify me at	the below e-mail address regarding any up	dates to
VENKATA NAG	A SATISH U	PPUL		•	s Phone Number 299 – 6000	
Signature of Preparer Name of Preparer Oth VENKATA NAG	er Than Taxpayer			Preparer's		
Preparer's Firm Name		TND			SSN/PTIN/SIDN	

345013 08-28-18

500 UET_{Rev. (09/29/16)}

Underpayment of Estimated Tax by Individuals/Fiduciary Georgia Department of Revenue Taxpayer Services Division



Page 1

YEAR 2018

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

<u> </u>		ch this form to Form 500			or a testamentary trust
HOW TO		URE YOUR UND			
	(0	Complete Lines 1 through	1 6)	ī	
YOUR FIRST NAME		SECURITY OR I.D. NUMBER			
ANUSHA				181	31 8586
LAST NAME					
KONCHADA					T
					5020
1. Tax (from Form 500 Line 16 or Form 501 Line 8)				1.	5039
2. Credits Used (from Form 500 Line 21 or Form 501 Line 9c)				2.	
					F020
3. Balance Due (Line 1 less Line 2)				3.	5039
					1 4 2 2
4. Enter 100% of the Immediately Preceding Year's Tax (return	n must l	be for a 12-month period)	<u> </u>	4.	1433
5. Enter 70% of the Amount Shown on Line 3				5.	3527
	г	A!! 45 0040	DUE DATE OF IN		lan 45 0040
6. Divide amount on Line 4 by the number of installments	\vdash	April 15, 2018	June 15, 2018	Sept. 15, 2018	Jan. 15, 2019
required for the year (See Instruction B),		250	250	250	250
enter the results in appropriate columns	6.	358	358	358	359
7. Divide amount on Line 5 by the number of					
installments required for the year (See Instruction		882	882	882	001
B), enter the results in the appropriate column	7.	004	004	004	881
8. Enter the lesser of Line 6 or Line 7 for each period		250	250	250	250
in the appropriate column	8.	358	358	358	359
9. Amounts paid on estimate for each period and tax		1225	1225	1225	1224
withheld (withheld treated equally paid for each quarter)	9.	1335	1335	1335	1334
10. Overpayment of previous installment	40		977	1954	2021
(See Instruction E)	10.		911	1954	2931
44. Tablefilm Coulling 40		1335	2312	3289	4265
11. Total of Line 9 and Line 10	11.	1333	2312	3409	4200
12. Underpayment (Line 8 less Line 11) or	10	-977	-1954	-2931	-3906
Overpayment (Line 11 less Line 8)	12.				-3900
		CH AVOID THE PENAL rmen see Instruction G fo			
•	13.	1335	2670	4005	5339
 Total amount paid and withheld from January 1, through the installment date indicated (withheld treated equally paid for each quarter) Exception 1 Tax on prior years income using current 	13.	1333	2070	1 003	3337
	14.				
year rates and exemptions 15. Exception 2 Tax on annualized current year	14.				
	15.				Not
income	10.				
0.5.0	16.				Applicable
3, 5, 8, month periods		TO FIGURE THE PEN	IAI TV		1
(Complete Lines 1		gh 21 for installments no		on)	
17. Amount of underpayment (from Line 12)	17.			,	
18. Date of payment or April 15, 2019 whichever is					
earlier (See Instruction F)	18.				
19. Number of days from due date of installment to	1.5.				
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				0