

2017 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

Anusha Konchada
Peachtree St NE Ste 1500 Apt. No. 191
Atlanta, GA 30303

Prepared By:

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

Amount of Tax:

Total tax	\$	19,701
Less: payments and credits	\$	21,472
Plus: interest and penalties	\$	0
Overpayment	\$	1,771

Overpayment:

Credited to your estimated tax	\$	0
Refunded to you	\$	1,771

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 17, 2018.

Special Instructions:

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

IRS e-file Signature Authorization

OMB No. 1545-0074

2017

- **Return completed Form 8879 to your ERO. (Do not send to IRS.)**
► **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name ANUSHA KONCHADA	Social security number 181 31 8586
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) ...	1	105,823.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	19,701.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	21,472.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,771.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason 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 its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment 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. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my 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 **6 8 5 8 6** as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN _____ as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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 1 1 0 7 1 7 7 5 1**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ► **RAHUL KUMAR BAJORIA** Date ► **03/08/2018**

**Tax Year 2017 e-file Jurat/Disclosure
for Form 1040, 1040A, 1040EZ, 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 98110717751
(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 03082018

Spouse's PIN: _____

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

See separate instructions.

Your first name and initial ANUSHA	Last name KONCHADA	Your social security number 181 31 8586
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
PEACHTREE ST NE STE 1500

Apt. no.
191

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.
ATLANTA, GA 30303

Foreign country name Foreign province/state/county Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit

If more than four dependents, see instructions and check here ☐

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **STMT 3** **7** **105,396.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 1 STMT 2** **10** **427.**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **b Taxable amount** **15b**

16a Pensions and annuities **16a** **b Taxable amount** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **b Taxable amount** **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **22** **105,823.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid **b Recipient's SSN** ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **37** **105,823.**

Tax and Credits

Standard Deduction for -
 ● People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

● All others:
 Single or Married filing separately, \$6,350
 Married filing jointly or Qualifying widow(er), \$12,700
 Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	105,823.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ... 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
41	Subtract line 40 from line 38	41	99,473.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	95,423.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	19,701.
45	Alternative minimum tax. Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	19,701.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	19,701.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	19,701.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	21,472.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	21,472.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,771.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	1,771.
b	Routing number 122100024 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number 860275218		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name ▶ RAHUL KUMAR BAJORIA Phone no. ▶ (470) 362-5252 Personal identification number (PIN) ▶ 77751

Sign Here

Joint return? See instructions. Keep a copy for your records.

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 taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		CONSULTANT	

Paid**Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
RAHUL KUMAR BAJORIA	RAHUL KUMAR BAJORIA	03/08/18		P01477751
Firm's name ▶ DELOITTE TAX SERVICES INDIA PVT. LTD.	Firm's EIN ▶ 98	0432569	Phone no. (678) 299-3756	
BPTP CREST, PLOT 15, UDYOG VIHAR				
Firm's address ▶ GURGAON, HARYANA 122015 INDIA				

**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, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

ANUSHA KONCHADA

Identifying number

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 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 penalty. Don't file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210).
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
	No	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 .
	Yes	You must figure your penalty.
		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 file only page 1 of Form 2210 .

Part I Required Annual Payment

1	Enter your 2017 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	19,701.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax 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 ; you don't owe a penalty. Don't file Form 2210	4	19,701.
5	Multiply line 4 by 90% (0.90)	5	17,731.
6	Withholding taxes. Don't include estimated tax payments (see instructions)	6	21,472.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	0.
8	Maximum required annual payment based on prior year's tax (see instructions)	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** below applies.
- ☐ **Yes.** You may owe a penalty, but **don't file Form 2210** unless one or more boxes in Part II below applies.
- If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
 - If box **A or E** applies (but not **B, C, or D**) file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't file Form 2210**.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2016 or 2017, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2017)

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

**DOES NOT APPLY - NOT USED
Itemized Deductions**

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017
Attachment
Sequence No. **07**

Your social security number

ANUSHA KONCHADA

181 31 8586

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|----------|---|----------|--|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040, line 38 | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | |

**Taxes You
Paid**

- | | | | |
|----------|---|----------|------------------------|
| 5 | State and local (check only one box):
a <input checked="" type="checkbox"/> Income taxes, or
b <input type="checkbox"/> General sales taxes | 5 | SEE STATEMENT 4 |
| 6 | Real estate taxes (see instructions) | 6 | |
| 7 | Personal property taxes | 7 | |
| 8 | Other taxes. List type and amount ► | 8 | |
| 9 | Add lines 5 through 8 | 9 | 6,028. |

**Interest
You Paid**

- | | | | |
|-----------|--|-----------|--|
| 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | |
| 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | 11 | |
| 12 | Points not reported to you on Form 1098. See instructions for special rules | 12 | |
| 13 | Mortgage insurance premiums (see instructions) | 13 | |
| 14 | Investment interest. Attach Form 4952 if required. See instructions | 14 | |
| 15 | Add lines 10 through 14 | 15 | |

Note:
Your mortgage interest deduction may be limited (see instructions).

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

- | | | | |
|-----------|---|-----------|--|
| 16 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | |
| 17 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | |
| 18 | Carryover from prior year | 18 | |
| 19 | Add lines 16 through 18 | 19 | |

**Casualty and
Theft Losses**

- | | | | |
|-----------|--|-----------|--|
| 20 | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 20 | |
|-----------|--|-----------|--|

**Job Expenses
and Certain
Miscellaneous
Deductions**

- | | | | |
|-----------|---|-----------|--|
| 21 | Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► | 21 | |
| 22 | Tax preparation fees | 22 | |
| 23 | Other expenses - investment, safe deposit box, etc. List type and amount ► | 23 | |
| 24 | Add lines 21 through 23 | 24 | |
| 25 | Enter amount from Form 1040, line 38 | 25 | |
| 26 | Multiply line 25 by 2% (0.02) | 26 | |
| 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | |

**Other
Miscellaneous
Deductions**

- | | | | |
|-----------|---|-----------|--|
| 28 | Other - from list in instructions. List type and amount ► | 28 | |
|-----------|---|-----------|--|

**Total
Itemized
Deductions**

- | | | | |
|-----------|--|-----------|---------------|
| 29 | Is Form 1040, line 38, over \$156,900?
<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.
<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 6,028. |
| 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here | | |

Form **1116**Department of the Treasury
Internal Revenue Service (99)**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

2017Attachment
Sequence No. **19**

Name **ANUSHA KONCHADA** Identifying number as shown on page 1 of your tax return **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.

- a ☐ Passive category income c ☐ Section 901(j) income e ☐ Lump-sum distributions
b ☒ General category income d ☐ Certain income re-sourced by treaty

f 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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶ INDIA				
1a Gross income from sources within country shown above and of the type checked above: _____				
	3,287.			1a 3,287.
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) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement) _____				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction _____	6,350.			
b Other deductions (attach statement) _____				
c Add lines 3a and 3b _____	6,350.			
d Gross foreign source income _____	3,287.			
e Gross income from all sources _____	105,823.			
f Divide line 3d by line 3e _____	.03106			
g Multiply line 3c by line 3f _____	197.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) _____				
b Other interest expense _____				
5 Losses from foreign sources _____				
6 Add lines 2, 3g, 4a, 4b, and 5 _____	197.			6 197.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 _____ ▶				7 3,090.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued		
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties		(o) Dividends	(p) Rents and royalties	(q) Interest			
A											
B											
C											

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 _____ ▶ **8**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

Part 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		
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	3,090.	
16 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 one Form 1116, you must complete line 20.)	17	3,090.	
18 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	99,473.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.03106
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20		19,701.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		612.
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on passive category income	23		
24 Credit for taxes on general category income	24		
25 Credit for taxes on certain income re-sourced by treaty	25		
26 Credit for taxes on lump-sum distributions	26		
27 Add lines 23 through 26	27		
28 Enter the smaller of line 20 or line 27	28		0.
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		0.

DOES NOT APPLY

Form **6251**Department of the Treasury
Internal Revenue Service (99)**Alternative Minimum Tax - Individuals**▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017
Attachment
Sequence No. **32**

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

Your social security number

ANUSHA KONCHADA

181 31 8586

Part I Alternative Minimum Taxable Income

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	105,823.
2 Reserved for future use	2	
3 Taxes from Schedule A (Form 1040), line 9	3	
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6 If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	
7 Tax refund from Form 1040, line 10 or line 21	7	-427.
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction	11	
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock, see instructions	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19 Passive activities (difference between AMT and regular tax income or loss)	19	
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	105,396.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
IF your filing status is... Single or head of household \$120,700 \$54,300 Married filing jointly or qualifying widow(er) ... 160,900 84,500 Married filing separately 80,450 42,250 If line 28 is over the amount shown above for your filing status, see instructions.	29	54,300.
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	51,096.
31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	31	13,285.
32 Alternative minimum tax foreign tax credit (see instructions)	32	
33 Tentative minimum tax. Subtract line 32 from line 31	33	13,285.
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	19,701.
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	
37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, 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	37	
38 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	38	
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, 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	39	
40 Enter the smaller of line 36 or line 39	40	
41 Subtract line 40 from line 36	41	
42 If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	
43 Enter: <ul style="list-style-type: none"> • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household. 	43	
44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, 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 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	
46 Enter the smaller of line 36 or line 37	46	
47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48 Subtract line 47 from line 46	48	
49 Enter: <ul style="list-style-type: none"> • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household 	49	
50 Enter the amount from line 45	50	
51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, 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 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52 Add line 50 and line 51	52	
53 Subtract line 52 from line 49. If zero or less, enter -0-	53	
54 Enter the smaller of line 48 or line 53	54	
55 Multiply line 54 by 15% (0.15)	55	
56 Add lines 47 and 54	56	
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57 Subtract line 56 from line 46	57	
58 Multiply line 57 by 20% (0.20)	58	
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59 Add lines 41, 56, and 57	59	
60 Subtract line 59 from line 36	60	
61 Multiply line 60 by 25% (0.25)	61	
62 Add lines 42, 55, 58, and 61	62	
63 If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	
64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	

**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

2017
Attachment
Sequence No. **19**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Name ANUSHA KONCHADA	Identifying number as shown on page 1 of your tax return 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.

- | | | |
|--|---|--|
| a <input type="checkbox"/> Passive category income | c <input type="checkbox"/> Section 901(j) income | e <input type="checkbox"/> Lump-sum distributions |
| b <input checked="" type="checkbox"/> General category income | d <input type="checkbox"/> Certain income re-sourced by treaty | |

f 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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession				Total (Add cols. A, B, and C.)
	A	B	C		
g Enter the name of the foreign country or U.S. possession INDIA					
1a Gross income from sources within country shown above and of the type checked above:					
	3,287.			1a	3,287.
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) ▶ <input type="checkbox"/>					
Deductions and losses (Caution: See instructions.):					
2 Expenses definitely related to the income on line 1a (attach statement)					
3 Pro rata share of other deductions not definitely related:					
a Certain itemized deductions or standard deduction					
b Other deductions (attach statement)					
c Add lines 3a and 3b					
d Gross foreign source income	3,287.				
e Gross income from all sources	105,396.				
f Divide line 3d by line 3e	.03119				
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5				6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	3,287.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:				Taxes withheld at source on:					(r) Other foreign taxes paid or accrued
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest		
A											
B											
C											

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **8**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

ALTERNATIVE MINIMUM TAX

Form 1116 (2017) **ANUSHA KONCHADA**

181-31-8586 Page **2**

Part 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		
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	3,287.	
16 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 one Form 1116, you must complete line 20.)	17	3,287.	
18 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	105,396.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.03119
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20		13,285.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		414.
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on passive category income	23		
24 Credit for taxes on general category income	24		
25 Credit for taxes on certain income re-sourced by treaty	25		
26 Credit for taxes on lump-sum distributions	26		
27 Add lines 23 through 26	27		
28 Enter the smaller of line 20 or line 27	28		0.
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		0.

Form **1116** (2017)

Allocation of Compensation

Name

ANUSHA KONCHADA

181-31-8586

	Total	Before/After Foreign Assignment		During Foreign Assignment	
		U.S.	Foreign	U.S.	Foreign
Wages and Salaries	105,396.	102,109.			3,287.
Cost of Living and Overseas Diff.					
Moving Expense Reimbursement					
Family					
Education					
Home Leave					
Quarters					
Bonus					
Stock Options					
Tax Reimbursement					
Survivor's Insurance					
Moving Expense Reimbursement					
Stock Options					
Bonus					
Compensation Attributable to 2017	105,396.	102,109.			3,287.
Moving Expense Reimbursement					
Stock Options					
Bonus					
Total Compensation	105,396.	102,109.			3,287.
Spouse's Compensation	0.				
Total Form 1040, Line 7 (or Form 1040NR, Line 8)	105,396.				

Form 1116**U.S. and Foreign Source Income Summary**

NAME

ANUSHA KONCHADA**181-31-8586**

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation	105,396.	102,109.	3,287.
Dividends/Distributions			
Interest			
Capital Gains			
Business/Profession			
Rent/Royalty			
State/Local Refunds	427.	427.	
Partnership/S Corporation			
Trust/Estate			
Other Income			
Gross Income	105,823.	102,536.	3,287.

Less:

Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	105,823.	102,536.	3,287.

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	105,823.	102,536.	3,287.

Less Itemized Deductions:

Specifically Allocated			
Home Mortgage Interest			
Other Interest			
Ratably Allocated	6,350.	6,153.	197.
Total Adjustments to Adjusted Gross Income	6,350.	6,153.	197.
Taxable Income Before Exemptions	99,473.	96,383.	3,090.

NAME

ANUSHA KONCHADA

181-31-8586

Foreign Income Category

GENERAL LIMITATION INCOME

Regular

	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						612.
6. Unused foreign tax (+) or excess of limit (-)						-612.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						-612.
Total foreign taxes from all available years to be carried to next year						

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 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					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

ANUSHA KONCHADA

181-31-8586

Foreign Income Category

GENERAL LIMITATION INCOME

AMT	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						
2. FTC carryback to 2017 for amended returns ...						
3. Reduction in foreign taxes						
4. Foreign tax available ...						
5. Maximum credit allowable						414.
6. Unused foreign tax (+) or excess of limit (-) ...						-414.
7. Foreign tax carryback ...						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						-414.
Total foreign taxes from all available years to be carried to next year						

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 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					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

Form 1116

Foreign Wages, Salaries, Business and Profession Income

NAME

ANUSHA KONCHADA

181-31-8586

Wages and Salaries:

Source	Amount
DELOITTE CONSULTING INDIA PVT LTD (NO W-2)	3,287.
Total Foreign Wages and Salaries	3,287.

Business and Profession Income:

Source	Amount
Total Foreign Business and Profession Income	

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries	
Foreign Earned Income Exclusion/Deduction	
Percent Applicable to Foreign Wages and Salaries	

Reduction Amount

Wages and Salaries Included on Form 1116, line 1 3,287.

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

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

	2016	2015	2014
	ARIZONA		
GROSS STATE/LOCAL INC TAX REFUNDS	123.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS ARIZONA	123.		
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	304.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	304.		
TOTAL NET TAX REFUNDS	427.		

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

	2016	2015	2014
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	427.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	427.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	1,465.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	427.		
5 LINE 2 MINUS LINES 3 AND 4	1,038.		
6 MULT LN 5 BY APPL SEC. 68 PCT	830.		
7 PRIOR YEAR AGI	37,652.		
8 ITEM. DED. PHASEOUT THRESHOLD	259,400.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-221,748.		
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	427.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	1,465.		
18 PRIOR YEAR STD. DED. AVAILABLE	0.		
19 SUBTRACT LINE 18 FROM LINE 17	1,465.		
20 LESSER OF LINE 16 OR LINE 19	427.		
21 PRIOR YEAR TAXABLE INCOME	32,137.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			427.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2014			
TOTAL TO FORM 1040, LINE 10			427.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 3

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 LLP	102,109.	21,472.	5,950.	78.	6,331.	1,481.
T DELOITTE CONSULTING INDIA PVT LTD (NO W-2)	3,287.					
TOTALS	105,396.	21,472.	5,950.	78.	6,331.	1,481.

SCHEDULE A

STATE AND LOCAL INCOME TAXES

STATEMENT 4

DESCRIPTION

AMOUNT

DELOITTE CONSULTING LLP

640.

STATE DISABILITY INSURANCE - DELOITTE CONSULTING LLP

78.

DELOITTE CONSULTING LLP

1,645.

DELOITTE CONSULTING LLP

3,665.

TOTAL TO SCHEDULE A, LINE 5

6,028.

2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

Anusha Konchada
Peachtree St NE Ste 1500 Apt. No. 191
Atlanta, GA 30303

Prepared By:

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

Amount of Tax:

Total tax	\$	547
Less: payments and credits	\$	640
Plus: interest and penalties	\$	0
Overpayment	\$	93

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	93

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 California Form 8879 to our office. We will submit your electronic return to the FTB.

Return Must Be Mailed On Or Before:

Return California Form 8879 to us by April 17, 2018.

Special Instructions:

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

TAXABLE YEAR

FORM

2017**California e-file Signature Authorization for Individuals****8879**

Your name

ANUSHA KONCHADA

Spouse's/RDP's name

Your SSN or ITIN

181-31-8586

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California Adjusted Gross Income. See instructions	1	8,652.
2	Amount You Owe. See instructions	2	0.
3	Refund or No Amount Due. See instructions	3	93.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my 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.** to enter my PIN **68586**
ERO firm name **Do not enter all zeros**

as my signature on my 2017 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2017 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ to enter my PIN _____
ERO firm name **Do not enter all zeros**

as my signature on my 2017 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2017 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP'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. **98110717751**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2017 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers.

ERO's signature ► **RAHUL KUMAR BAJORIA** Date ► **03/08/2018**

2017

California Nonresident or Part-Year
Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

181-31-8586 KONC
ANUSHA KONCHADA

17

A
R
RPPEACHTREE ST NE STE 1500
ATLANTA GA 30303

APT 191

06-05-1988

- Filing Status**
- 1 ☒ Single
- 2 ☐ Married/RDP filing jointly. See inst.
- 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____
- 4 ☐ Head of household (with qualifying person). See instructions.
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____
- If your California filing status is different from your federal filing status, check the box here ☐

- 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instructions ☐ 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2.

If you checked the box on line 6, see instructions ☐ 7 ☐ X \$114 = ☐ \$ 114

- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ 8 ☐ X \$114 = ☐ \$

- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9 ☐ X \$114 = ☐ \$

- 10 **Dependents:** Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent's relationship to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total dependent exemptions ☐ 10 ☐ X \$353 = ☐ \$

- 11 **Exemption amount:** Add line 7 through line 10 ☐ 11 ☐ \$ 114

Total Taxable Income	12	Total California wages from your Form(s) W-2, box 16	<input type="checkbox"/> 12	8,652.00
	13	Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10	<input type="checkbox"/> 13	105,823.00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B	<input type="checkbox"/> 14	427.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	<input type="checkbox"/> 15	105,396.00
	16	California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C	<input type="checkbox"/> 16	00
	17	Adjusted gross income from all sources. Combine line 15 and line 16	<input type="checkbox"/> 17	105,396.00
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction . See instructions	<input type="checkbox"/> 18	4,236.00
	19	Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	<input type="checkbox"/> 19	101,160.00

Your name: **ANUSHA KONCHADA**Your SSN or ITIN: **181-31-8586**

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Sch. • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803	31	6,764.00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	8,652.00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	8,304.00
	36	CA Tax Rate. Divide line 31 by line 19	36	.0669
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	556.00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	.0821
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39	9.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	547.00
41	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A	41	00	
42	Add line 40 and line 41	42	547.00	
Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50	00
	51	Credit for joint custody head of household. See instructions	51	00
	52	Credit for dependent parent. See instructions	52	00
	53	Credit for senior head of household. See instructions	53	00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54	
	55	Credit amount. See instructions	55	00
	58	Enter credit name _____ code _____ and amount _____	58	00
	59	Enter credit name _____ code _____ and amount _____	59	00
	60	To claim more than two credits. See instructions	60	00
	61	Nonrefundable renter's credit. See instructions	61	00
62	Add line 50 and line 55 through 61. These are your total credits	62	00	
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	547.00	
Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	71	00
	72	Mental Health Services Tax. See instructions	72	00
	73	Other taxes and credit recapture. See instructions	73	00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	547.00
Payments	81	California income tax withheld. See instructions	81	640.00
	82	2017 CA estimated tax and other payments. See instructions	82	0.00
	83	Withholding (Form 592-B and/or 593). See instructions	83	00
	84	Excess SDI (or VPD) withheld. See instructions	84	00
	85	Earned Income Tax Credit (EITC)	85	00
	86	Add lines 81 through 85. These are your total payments. See instructions	86	640.00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	93.00
	102	Amount of line 101 you want applied to your 2018 estimated tax	102	00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103	93.00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104	00

Your name: ANUSHA KONCHADAYour SSN or ITIN: 181-31-8586

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions	• 400	00
Alzheimer's Disease/Related Disorders Fund	• 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	00
California Firefighters' Memorial Fund	• 406	00
Emergency Food for Families Voluntary Tax Contribution Fund	• 407	00
California Peace Officer Memorial Foundation Fund	• 408	00
California Sea Otter Fund	• 410	00
California Cancer Research Voluntary Tax Contribution Fund	• 413	00
School Supplies for Homeless Children Fund	• 422	00
State Parks Protection Fund/Parks Pass Purchase	• 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	00
State Children's Trust Fund for the Prevention of Child Abuse	• 430	00
Prevention of Animal Homelessness and Cruelty Fund	• 431	00
Revive the Salton Sea Fund	• 432	00
California Domestic Violence Victims Fund	• 433	00
Special Olympics Fund	• 434	00
Type 1 Diabetes Research Fund	• 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund	• 436	00
Habitat for Humanity Voluntary Tax Contribution Fund	• 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund	• 440	00
120 Add code 400 through code 440. This is your total contribution	• 120	00

Contributions

Your name: **ANUSHA KONCHADA**Your SSN or ITIN: **181-31-8586**

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • 121 00
 Pay Online - Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties 122 00
 123 Underpayment of estimated tax. Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • 123 0.00
 124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 00

Refund and Direct Deposit 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • 125 93.00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

122100024 ☒ Checking 860275218 93.00
 • Routing number • Type • Account number • 126 Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

 ☐ Checking 00
 • Routing number • Type • Account number • 127 Direct deposit amount

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature _____ Date _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____

X

X

☒ Your email address. Enter only one email address.

☐ Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

RAHUL KUMAR BAJORIA

Firm's name (or yours, if self-employed)

DELOITTE TAX SERVICES INDIA PVT. LTD.

Firm's address **BPTP CREST, PLOT 15, UDYO GURGAON, HARYANA 122015 I**

• PTIN **P01477751**

• FEIN **98-0432569**

Do you want to allow another person to discuss this tax return with us? See instructions

• ☒ Yes ☐ No

Print Third Party Designee's Name

RAHUL KUMAR BAJORIA

Telephone Number

(678) 299-3756

2017

Wage and Tax Statement

W-2

Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on tax return

SSN or ITIN

ANUSHA KONCHADA

181-31-8586

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.**All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1st W-2	2nd W-2
a. Employee's social security number *	<input checked="" type="radio"/> 181-31-8586	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> 06-1454513	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> DELOITTE CONSULTING LLP	<input type="radio"/>
Address	<input checked="" type="radio"/> 4022 SELLS DRIVE	<input type="radio"/>
City	<input checked="" type="radio"/> HERMITAGE	<input type="radio"/>
State	<input checked="" type="radio"/> TN	<input type="radio"/>
ZIP code	<input checked="" type="radio"/> 37076-2903	<input type="radio"/>
e. Employee's first name *	<input checked="" type="radio"/> ANUSHA	<input type="radio"/>
Middle initial *	<input type="radio"/>	<input type="radio"/>
Last name *	<input checked="" type="radio"/> KONCHADA	<input type="radio"/>
Suffix *	<input type="radio"/>	<input type="radio"/>
f. Employee address *	<input checked="" type="radio"/> PEACHTREE ST NE STE 1500 APT	<input type="radio"/>
City *	<input checked="" type="radio"/> ATLANTA	<input type="radio"/>
State *	<input checked="" type="radio"/> GA	<input type="radio"/>
ZIP code *	<input checked="" type="radio"/> 30303	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 102,109.	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 21,472.	<input type="radio"/>
3. Social security wages	<input checked="" type="radio"/> 102,109.	<input type="radio"/>
4. Social security tax withheld	<input checked="" type="radio"/> 6,331.	<input type="radio"/>
6. Medicare tax withheld	<input checked="" type="radio"/> 1,481.	<input type="radio"/>

W-2 Information		1st W-2		2nd W-2	
7. Social security tips	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
12. Codes and amounts		Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>	<input type="text" value="DD"/>	<input type="text" value="4,895."/>	<input checked="" type="radio"/>	<input type="text"/>
12b.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
12c.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
12d.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input type="checkbox"/> Retirement plan
	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	<input type="checkbox"/> Third-party sick pay
	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	
14. SDI, VPD, or CA SDI (from box 14 or 19)	<input checked="" type="radio"/>	Type	Amount	<input checked="" type="radio"/>	Type
	<input checked="" type="radio"/>	<input type="text" value="CASDI"/>	<input type="text" value="78."/>	<input checked="" type="radio"/>	<input type="text"/>
15. State and employer's state ID number	<input checked="" type="radio"/>	State	Employer's state ID number	<input checked="" type="radio"/>	State
	<input checked="" type="radio"/>	<input type="text" value="CA"/>	<input type="text" value="438-5954-5"/>	<input checked="" type="radio"/>	<input type="text"/>
16. State wages, tips, etc.	<input checked="" type="radio"/>	<input type="text" value="8,652."/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
17. State income tax	<input checked="" type="radio"/>	<input type="text" value="640."/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>

2017

California Adjustments - Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return

ANUSHA KONCHADA

SSN or ITIN

181 | 31 | 8586

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

1 My California (CA) Residency (Check one)

a Myself: ☒ Nonresident ☐ Part-Year Resident ☐ Residentb Spouse: ☐ Nonresident ☐ Part-Year Resident ☐ Resident
Yourself Spouse/RDP2 a I was domiciled in (enter two letter code, see instructions) ☐ FC ☐b I was in the military and stationed in (enter two letter code) ☐ ☐3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ☐ FC ☐4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) ☐ ☐5 I was a CA nonresident the entire year (enter state of residence) ☐ ☐6 The number of days I spent in CA for any purpose was: ☐ 15 ☐7 I owned a home/property in CA (enter Y for Yes, N for No) ☐ N ☐8 Before 2017: I was a CA resident for the period of ☐ ☐**Part II** Income Adjustment Schedule

Section A - Income

	A	B	C	D	E
	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 7	<input checked="" type="radio"/> 105,396.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 105,396.	<input checked="" type="radio"/> 8,652.
8 Taxable interest. (b) 8(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Ordinary dividends. (b) 9(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes 10	<input checked="" type="radio"/> 427.	<input checked="" type="radio"/> 427.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Alimony received 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss) 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. (a) 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. (a) 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Social security benefits. (a) 20(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V ... 21 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	<input checked="" type="radio"/> 105,823.	<input checked="" type="radio"/> 427.	<input type="radio"/>	<input checked="" type="radio"/> 105,396.	<input checked="" type="radio"/> 8,652.

Income Adjustment Schedule		A	B	C	D	E
Section B - Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22b	Enter totals from Side 1, line 22a, col. A through col. E	22b 105,823.	427.		105,396.	8,652.
23	Educator expenses					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials					
25	Health savings account deduction					
26	Moving expenses					
27	Deductible part of self-employment tax					
28	Self-employed SEP, SIMPLE, and qualified plans					
29	Self-employed health insurance deduction					
30	Penalty on early withdrawal of savings					
31a	Alimony paid. b Enter recipient's: SSN Last name					
32	IRA deduction					
33	Student loan interest deduction					
34	Reserved					
35	Domestic production activities deduction					
36	Add line 23 through line 35 in each column, A through E					
37	Total. Subtract line 36 from line 22b in each column, A through E	105,823.	427.		105,396.	8,652.

Part III Adjustments to Federal Itemized Deductions

38 Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) **38** 6,028.

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes **only**) (or Schedule A (Form 1040NR), line 1). See instructions **39** 6,028.

40 Subtract line 39 from line 38 **40**

41 Other adjustments including California lottery losses. See instructions. Specify **41**

42 Combine line 40 and line 41 **42**

43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately	\$187,203
Head of household	\$280,808
Married/RDP filing jointly or qualifying widow(er)	\$374,411

No. Transfer the amount on line 42 to line 43.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 **43**

44 Enter the larger of the amount on line 43 or your standard deduction. See instructions **44** 4,236.

Part IV California Taxable Income

45 California AGI. Enter your California AGI from line 37, column E **45** 8,652.

46 Enter your deductions from line 44 **46** 4,236.

47 Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- **47** .0821

48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 **48** 348.

49 California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- **49** 8,304.

2017 TAX RETURN FILING INSTRUCTIONS

GEORGIA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

Anusha Konchada
Peachtree St NE Ste 1500 Apt. No. 191
Atlanta, GA 30303

Prepared By:

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

Amount of Tax:

Total tax	\$	1,433
Less: payments and credits	\$	1,645
Plus: interest and penalties	\$	0
Overpayment	\$	212

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	212

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 17, 2018.

Special Instructions:

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

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

IRS DCN OR SUBMISSION ID

[illegible]

First Name and Initial ANUSHA	Last Name KONCHADA	Social Security Number 181-31-8586
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home Address (number and street) PEACHTREE ST NE STE 1500	Apt Number 191	Daytime Telephone Number
City, Town or Post Office ATLANTA	State GA	ZIP Code 30303

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	105,823
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15; Form 500EZ, Line 3)	2.	27,056
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	1,433
4. Balance Due (Form 500, Line 40; Form 500X, Line 36; Form 500EZ, Line 20)	4.	
5. Refund (Form 500, Line 41; Form 500X, Line 37, Form 500EZ, Line 21)	5.	212

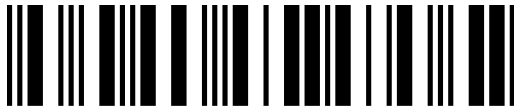
Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2017 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

EMAIL ADDRESS

ERO's Use Only	ERO's Signature <u>RAHUL KUMAR BAJORIA</u>	Date <u>03/08/18</u>
	Firm's Name <u>DELOITTE TAX SERVICES INDIA PVT. LTD.</u>	Check also if paid preparer <input checked="checked" type="checkbox"/>
	Address <u>BPTP CREST, PLOT 15, UDYOG VIHAR</u>	FEIN/PTIN <u>98-0432569</u>
	City, State, & ZIP Code <u>GURGAON 122015 INDIA</u>	SSN/TIN <u>P01477751</u>

Paid Preparer's Use Only	Paid Preparer's Signature _____	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	City, State, & ZIP Code _____	

KEEP A COPY WITH YOUR RECORDS



1800405018

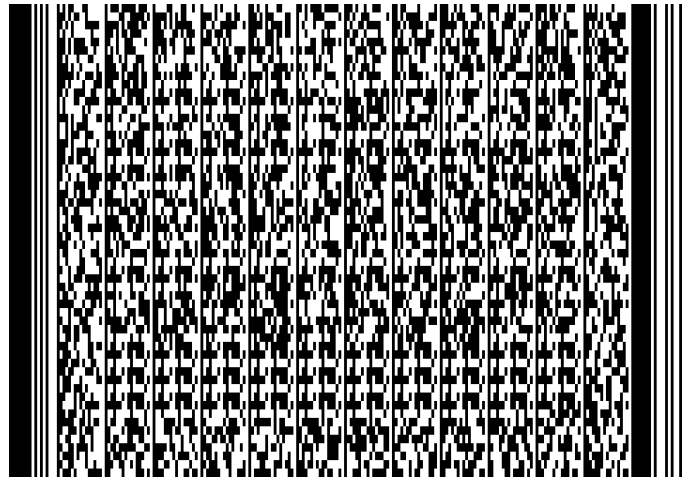
Georgia Form **500** (Rev. 06/22/17)

Individual Income Tax Return

Georgia Department of Revenue

2017 (Approved software version)

Page 1

Fiscal Year
Beginning 01/01/2017Fiscal Year
Ending 12/31/2017

YOUR DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME

1. ANUSHA

MI

YOUR SOCIAL SECURITY NUMBER

181-31-8586

LAST NAME

KONCHADA

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

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

2. PEACHTREE ST NE STE 1500

APT. 191

CITY (Please insert a space if the city has multiple names)

3. ATLANTA

STATE

GA

ZIP CODE

30303

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ► 4. 2

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 09/01/2017 TO 12/31/2017 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

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



YOUR SOCIAL SECURITY NUMBER
181-31-8586

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

7b. Enter the total number of exemptions and dependents (Add Lines 6c and 7a) ► 7b. 1

7c. Dependents (If you have more than 5 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

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, 1040A or 1040EZ) ► 8. 105823

(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 and 2.

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.



YOUR SOCIAL SECURITY NUMBER
181-31-8586

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) ... ▶ 11a.
(See IT-511 Tax Booklet)
b. Self: 65 or over? ☐ Blind? ☐
Total x 1,300= ▶ 11b.
Spouse: 65 or over? ☐ Blind? ☐
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.
- 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A ▶ 14a.
or D **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.
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ 15. 27056
16. Tax (Use Tax Table in the IT-511 Tax Booklet) ▶ 16. 1433
17. Low Income Credit 17a. 17b. ▶ 17c.
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 ▶ 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. 1433
23. **Georgia Income Tax Withheld on Wages and 1099s** ▶ 23. 1645
(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)

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.



YOUR SOCIAL SECURITY NUMBER
181-31-8586

INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter 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)

1. WITHHOLDING TYPE:
☒ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
 ID NUMBER (FEIN) ☒ SSN ☐
 061454513

3. EMPLOYER/PAYER STATE WITHHOLDING ID
2214871HF

4. GA WAGES / INCOME
28404

5. GA TAX WITHHELD
1645

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated Tax paid for 2017 and Form IT-560 ► 25.
26. Total prepayment credits (Add Lines 23, 24 and 25) ► 26. 1645
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter
balance due ► 27.
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter
overpayment ► 28. 212
29. Amount to be credited to 2018 ESTIMATED TAX ► 29.



YOUR SOCIAL SECURITY NUMBER
181-31-8586

30. Georgia Wildlife Conservation Fund (No gift 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 of less than \$1.00) ▶ 32.
33. Georgia Land Conservation Program (No gift of less than \$1.00) ▶ 33.
34. Georgia National Guard Foundation (No gift of less than \$1.00) ▶ 34.
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ▶ 35.
36. Saving the Cure Fund (No gift of less than \$1.00) ▶ 36.
37. Realizing Educational Achievement Can Happen (REACH) Program ▶ 37.
(No gift of less than \$1.00)
38. Public Safety Memorial Grant (No gift of less than \$1.00) ▶ 38.
39. Form 500 UET (Estimated tax penalty) ☐ 500 UET exception attached ... ▶ 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE ▶ 40.
41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND ▶ 41.

212

41a. Direct Deposit (For U.S. Accounts Only) Type: Checking ☒ Savings ☐ Routing Number 122100024
Account Number 860275218

If you do not enter Direct Deposit information or if you are a first time filer a paper check will be issued.

(PAYMENT)

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740399
ATLANTA, GA 30374-0399

(REFUND and NO
BALANCE DUE)

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
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.

Taxpayer's Signature ☐ (Check box if deceased)

Spouse's Signature ☐ (Check box if deceased)

Date

Date

Taxpayer's Phone Number

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

RAHUL KUMAR BAJORIA

Signature of Preparer

Name of Preparer Other Than Taxpayer

RAHUL KUMAR BAJORIA

Preparer's Firm Name

DELOITTE TAX SERVICES IND

Preparer's Phone Number

678-299-3756

Preparer's FEIN

98-0432569

Preparer's SSN/PTIN/SIDN

P01477751

Pages (1-5) are Required for Processing



SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)

ADDITIONS to INCOME

- | | | |
|---|---|----|
| 1. Interest on Non-Georgia Municipal and State Bonds | ▶ | 1. |
| 2. Lump Sum Distributions | ▶ | 2. |
| 3. Federal deduction for income attributable to domestic production activities
(IRC Section 199) | ▶ | 3. |
| 4. Net operating loss carryover deducted on Federal return | ▶ | 4. |
| 5. Other (Specify) | ▶ | 5. |
| 6. Total Additions (Enter sum of Lines 1-5 here) | ▶ | 6. |

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.

- | | | | |
|--------------------------|---------------------|---------------------|-----|
| a. Self: Date of Birth | Date of Disability: | Type of Disability: | 7a. |
| b. Spouse: Date of Birth | Date of Disability: | Type of Disability: | 7b. |

- | | | |
|---|---|-----|
| 8. Social Security Benefits (Taxable portion from Federal return) | ▶ | 8. |
| 9. Path2College 529 Plan | ▶ | 9. |
| 10. Interest on United States Obligations (See IT-511 Tax Booklet) | ▶ | 10. |
| 11. Georgia Net Operating loss carryover from previous years
(List only the amount used in 2017, see IT-511 Tax Booklet) | ▶ | 11. |

SEE STATEMENT 1

- | | | | | |
|--|------------|----------------------|--------|---------|
| 12. Other Adjustments (Specify) | Adjustment | ARIZONA STATE INCOME | Amount | 123 |
| | Adjustment | CALIFORNIA STATE INC | Amount | 304 |
| | Adjustment | | Amount | |
| | Adjustment | | Amount | |
| | Total | | ▶ | 12. 427 |
| 13. Total Subtractions (Enter sum of Lines 7-12 here) | ▶ | 13. | 427 | |
| 14. Net Adjustments (Line 6 less Line 13).
Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X | ▶ | 14. | -427 | |

ANUSHA KONCHADA

181-31-8586

GA 500

ADJUSTMENTS TO INCOME - SUBTRACTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

ARIZONA STATE INCOME TAX REFUND

123.

CALIFORNIA STATE INCOME TAX REFUND

304.

TOTAL TO FORM 500, SCHEDULE 1, LINE 12

427.



1807405018

2017 (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	105396	1. WAGES, SALARIES, TIPS, etc	76992	1. WAGES, SALARIES, TIPS, etc	28404
2. INTERESTS AND DIVIDENDS		2. INTERESTS AND DIVIDENDS		2. INTERESTS AND DIVIDENDS	
3. BUSINESS INCOME OR (LOSS)		3. BUSINESS INCOME OR (LOSS)		3. BUSINESS INCOME OR (LOSS)	
4. OTHER INCOME OR (LOSS)	427	4. OTHER INCOME OR (LOSS)	427	4. OTHER INCOME OR (LOSS)	
5. TOTAL INCOME: TOTAL LINES 1 THRU 4	105823	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	77419	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	28404
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	-427	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	-427	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	105396	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	76992	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	28404
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage		9.	26.95	% Not to exceed 100%	
10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> (See IT-511 Tax Booklet)		10a.	2300		
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.			
11c. Add Lines 11a. and 11b. Enter total		11c.	2700		
12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c		12.	5000		
13. Multiply Line 12 by Ratio on Line 9 and enter result		13.	1348		
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 3 of Form 500 or Form 500X		14.	27056		

List the state(s) in which the income in Column B was earned and/or to which it was reported.

1. 2. 3. 4.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

See separate instructions.

Your first name and initial ANUSHA	Last name KONCHADA	Your social security number 181 31 8586
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
PEACHTREE ST NE STE 1500

Apt. no.
191

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.
ATLANTA, GA 30303

Foreign country name Foreign province/state/county Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit

If more than four dependents, see instructions and check here ☐

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **STMT 4** **7** **105,396.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 2 STMT 3** **10** **427.**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **b Taxable amount** **15b**

16a Pensions and annuities **16a** **b Taxable amount** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **b Taxable amount** **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **22** **105,823.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid **b Recipient's SSN** ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **37** **105,823.**

Tax and Credits

Standard Deduction for -
 ● People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

● All others:
 Single or Married filing separately, \$6,350
 Married filing jointly or Qualifying widow(er), \$12,700
 Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	105,823.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ...	39a	
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
41	Subtract line 40 from line 38	41	99,473.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	95,423.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	19,701.
45	Alternative minimum tax. Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	19,701.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	19,701.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	19,701.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	21,472.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	21,472.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,771.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	1,771.
b	Routing number 122100024 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number 860275218		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name ▶ **RAHUL KUMAR BAJORIA** Phone no. ▶ **(470) 362-5252** Personal identification number (PIN) ▶ **77751**

Sign Here

Joint return? See instructions. Keep a copy for your records.

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 taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
RAHUL KUMAR BAJORIA		CONSULTANT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here

Paid**Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
RAHUL KUMAR BAJORIA	RAHUL KUMAR BAJORIA	03/08/18		P01477751
Firm's name ▶ DELOITTE TAX SERVICES INDIA PVT. LTD.	Firm's EIN ▶ 98 0432569	Phone no. (678) 299-3756		
Firm's address ▶ BPTP CREST, PLOT 15, UDYOG VIHAR GURGAON, HARYANA 122015 INDIA				

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

	2016	2015	2014
	ARIZONA		
GROSS STATE/LOCAL INC TAX REFUNDS	123.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS ARIZONA	123.		
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	304.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	304.		
TOTAL NET TAX REFUNDS	427.		

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 3

	2016	2015	2014
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	427.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	427.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	1,465.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	427.		
5 LINE 2 MINUS LINES 3 AND 4	1,038.		
6 MULT LN 5 BY APPL SEC. 68 PCT	830.		
7 PRIOR YEAR AGI	37,652.		
8 ITEM. DED. PHASEOUT THRESHOLD	259,400.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-221,748.		
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	427.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	1,465.		
18 PRIOR YEAR STD. DED. AVAILABLE	0.		
19 SUBTRACT LINE 18 FROM LINE 17	1,465.		
20 LESSER OF LINE 16 OR LINE 19	427.		
21 PRIOR YEAR TAXABLE INCOME	32,137.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			427.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2014			
TOTAL TO FORM 1040, LINE 10			427.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 4

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 LLP	102,109.	21,472.	5,950.	78.	6,331.	1,481.
T DELOITTE CONSULTING INDIA PVT LTD (NO W-2)	3,287.					
TOTALS	105,396.	21,472.	5,950.	78.	6,331.	1,481.

2017 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

Anusha Konchada
Peachtree St NE Ste 1500 Apt. No. 191
Atlanta, GA 30303

Prepared By:

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

Amount of Tax:

Total tax	\$	3,527
Less: payments and credits	\$	3,665
Plus: interest and penalties	\$	0
Overpayment	\$	138

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	138

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

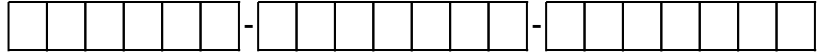
This return has been prepared for electronic filing. Please sign, date, and return Form IL-8453 to our office. We will submit your electronic return to the IDOR.

Return Must Be Mailed On Or Before:

Return Form IL-8453 to us by April 17, 2018.

Special Instructions:

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



Submission ID

2017 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Print or type **ANUSHA KONCHADA** **181-31-8586**
 First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
PEACHTREE ST NE STE 1500 APT. NO. 191
 Mailing address Spouse's Social Security number
ATLANTA **GA 30303**
 City State ZIP Daytime phone number

Step 2: Complete information from tax return

1	Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51	1	<u>80,987.00</u>
2	Tax from Form IL-1040, Line 13	2	<u>3,527.00</u>
3	Illinois Income Tax withheld from Form IL-1040, Line 26 only (enter "0" if none)	3	<u>3,665.00</u>
4	Overpayment from Form IL-1040, Line 36	4	<u>138.00</u>
5	Total amount due from Form IL-1040, Line 40	5	<u>00</u>

6 Filing status: ☒ Single/head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 122100024
 8 Account no. (AN): 860275218
 9 Type of account: ☒ Checking ☐ Savings
 10 Date the payment is to be electronically withdrawn: _____
 11 Electronic funds withdrawal amount: _____ 00
 12 Name on account: ANUSHA KONCHADA

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- ☒ I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2017 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here _____ Date _____ Spouse's signature (if joint return, **both** must sign) _____ Date _____

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO use only	<u>RAHUL KUMAR BAJORIA</u>	<u>03/08/18</u>	Check if paid preparer: <input checked="" type="checkbox"/> (See instructions.)
	ERO's signature	Date	
	<u>DELOITTE TAX SERVICES INDIA PVT. LTD.</u>		<u>P01477751</u>
	Firm's name or your name if self-employed		Your PTIN
	<u>BPTP CREST PLOT 15 UDYOG VIHAR</u>		<u>980432569</u>
	Mailing address		Federal employer identification number (FEIN)
	<u>GURGAON 122015 INDIA</u>		<u>(678) 299-3756</u>
	City	State	ZIP
			Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



Illinois Department of Revenue

2017 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

181-31-8586

ANUSHA KONCHADA

PEACHTREE ST NE STE 1500 APT NO 191
ATLANTA, GA 30303

C Filing status (see instructions)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.	(Whole dollars only)	1	<u>105,823</u>	<u>.00</u>
Income	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ.		2		<u>.00</u>
	3	Other additions. Attach Schedule M.		3		<u>.00</u>
	4	Total income. Add Lines 1 through 3.		4	<u>105,823</u>	<u>.00</u>

Step 3:	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5		<u>.00</u>
Base	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10.	6		<u>.00</u>
Income	7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	<u>427</u>	<u>.00</u>
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>427</u>	<u>.00</u>
	9	Illinois base income. Subtract Line 8 from Line 4.	9	<u>105,396</u>	<u>.00</u>

Step 4:	See instructions before completing Step 4.									
Exemptions	10	a	Number of exemptions from your federal return.	<u>1</u>	x	<u>\$2,175</u>	a	<u>2,175</u>	<u>.00</u>	
		b	If someone can claim you as a dependent, see instructions.		x	<u>\$2,175</u>	b		<u>.00</u>	
		c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =		x	<u>\$1,000</u>	c		<u>.00</u>	
		d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =		x	<u>\$1,000</u>	d		<u>.00</u>	
		Exemption allowance. Add Lines a through d.						10	<u>2,175</u>	<u>.00</u>

Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11		<u>.00</u>
Net	12	Nonresidents and part-year residents: Check the box that applies to you during 2017 <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR.	12	<u>82,694</u>	<u>.00</u>

Step 6:	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. Attach Schedule SA. <input type="checkbox"/>	13	<u>3,527</u>	<u>.00</u>
Tax	14	Recapture of investment tax credits. Attach Schedule 4255.	14		<u>.00</u>
	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	<u>3,527</u>	<u>.00</u>

Step 7:	16	Income tax paid to another state while an Illinois resident.	16		<u>.00</u>
Tax After		Attach Schedule CR.			
Non-	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17		<u>.00</u>
refundable	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18		<u>.00</u>
Credits	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19		<u>.00</u>
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	<u>3,527</u>	<u>.00</u>



	21	Tax after nonrefundable credits from Page 1, Line 20.	21	<u>3,527</u>	<u>.00</u>
Step 8:	22	Household employment tax. See instructions.	22	<u></u>	<u>.00</u>
Other Taxes	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	23	<u>0</u>	<u>.00</u>
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	<u></u>	<u>.00</u>
	25	Total Tax. Add Lines 21, 22, 23, and 24.	25	<u>3,527</u>	<u>.00</u>

Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	<u>3,665</u>	<u>.00</u>
Payments and Refundable Credit	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	27	<u></u>	<u>.00</u>
	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	<u></u>	<u>.00</u>
	29	Earned Income Credit from Schedule IL-EIC. Attach Schedule IL-EIC.	29	<u></u>	<u>.00</u>
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	<u>3,665</u>	<u>.00</u>

Step 10:	31	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	<u>138</u>	<u>.00</u>
Total	32	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	<u></u>	<u>.00</u>

Step 11:	Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.				
Underpayment of Estimated Tax Penalty and Donations	33	Late-payment penalty for underpayment of estimated tax	33	<u></u>	<u>.00</u>
	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>		
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>		
	c	Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.	<input type="checkbox"/>		
	d	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>		
	34	Voluntary charitable donations. Attach Schedule G.	34	<u></u>	<u>.00</u>
	35	Total penalty and donations. Add Lines 33 and 34.	35	<u></u>	<u>.00</u>

Step 12:	36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment .	36	<u>138</u>	<u>.00</u>
Refund	37	Amount from Line 36 you want refunded to you . Check one box on Line 38. See instructions.	37	<u>138</u>	<u>.00</u>
	38	I choose to receive my refund by			
	a	<input checked="" type="checkbox"/> direct deposit - Complete the information below if you check this box.			
		Routing number <u>122100024</u> <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings			
		Account number <u>860275218</u>			
	b	<input type="checkbox"/> Illinois Individual Income Tax refund debit card			
	c	<input type="checkbox"/> paper check			
	39	Amount to be credited forward . Subtract Line 37 from Line 36. See instructions.	39	<u></u>	<u>.00</u>

Step 13:	40	If you have an amount on Line 32, add Lines 32 and 35. - or -	40	<u></u>	<u>.00</u>
Amount You Owe		If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe . See instructions.			

Step 14: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed <input type="checkbox"/> Paid Preparer's PTIN
	Firm's name	▶ DELOITTE TAX SERVICES INDIA PV	Firm's FEIN	▶ 98 0432569	
	Firm's address	▶ BPTP CREST, PLOT 15, UDYOG VIH	Firm's phone	▶ 678 299 3756	
Third Party Designee	Designee's name (please print)	RAHUL KUMAR BAJORIA		Designee's phone number	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.

ID: 2BX ☐ If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

☐ If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001



Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information**ANUSHA KONCHADA**

Your name as shown on Form IL-1040

181-31-8586

Your Social Security number

Step 2: Figure your additions for Form IL-1040, Line 3

Enter the amount of

(Whole dollars only)

- | | | |
|---|-----------------|-----|
| 1 Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814. | 1 _____ | .00 |
| 2 Distributive share of additions you received from a partnership, S corporation, trust, or estate.
Attach Illinois Schedule K-1-P or Schedule K-1-T. | 2 _____ | .00 |
| 3 Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income. | 3 _____ | .00 |
| 4 Earnings distributed from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or other college savings and tuition programs that meet certain disclosure requirements. See instructions.) | 4 _____ | .00 |
| 5 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562. | 5 _____ | .00 |
| 6 Business expense recapture (nonresidents only). | 6 _____ | .00 |
| 7 Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan. | 7 _____ | .00 |
| 8 Student-Assistance Contribution Credit taken on Schedule 1299-C. | 8 _____ | .00 |
| 9 Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded. | 9 _____ | .00 |
| 10 Income attributable to domestic production activities under IRC Section 199. Attach Page 1 of federal Form 1040. | 10 _____ | .00 |
| 11 Other income - Identify each item. _____ | 11 _____ | .00 |
| 12 Total Additions. Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3. | 12 _____ | .00 |

Step 3: Figure your subtractions for Form IL-1040, Line 7

Enter the amount of

- | | | |
|--|------------------|-----|
| 13 Contributions made to the following college savings plans: | | |
| a "Bright Start" College Savings Pool | 13a _____ | .00 |
| b "College Illinois" Prepaid Tuition Program | 13b _____ | .00 |
| c "Bright Directions" College Savings Pool | 13c _____ | .00 |
| 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate.
(Do not claim these same subtractions on any other line of this schedule. See instructions.)
Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. | 14 _____ | .00 |
| 15 Restoration of amounts held under claim of right under IRC Section 1341. | 15 _____ | .00 |
| 16 Contributions to a job training project. | 16 _____ | .00 |
| 17 Expenses related to federal credits or federally tax-exempt income. | 17 _____ | .00 |
| 18 Interest earned on investments through the Home Ownership Made Easy Program. | 18 _____ | .00 |
| 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. | 19 _____ | .00 |
| Enter the following only if included in Form IL-1040, Lines 1, 2, or 3: | | |
| 20 Military pay earned. Attach military W-2. | 20 _____ | .00 |
| 21 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040A or 1040.
Attach a copy of federal Form 1040A or 1040, Schedule B, if required federally. | 21 _____ | .00 |
| 22 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms. | 22 _____ | .00 |
| 23 River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. Attach Schedule 1299-C. | 23 _____ | .00 |
| 24 Add Lines 13a through 23 and enter the amount here and on Page 2, Line 25. | 24 _____ | .00 |



Step 3: Continued

25	Enter the amount from Page 1, Line 24.	25	_____	.00
26	Recovery of items previously deducted on federal Form 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). Attach a copy of federal Form 1040, Page 1, and required federal forms.	26	_____	4 2 7 .00
27	Ridesharing money and other benefits.	27	_____	.00
28	Payment of life insurance, endowment, or annuity benefits received.	28	_____	.00
29	Lloyd's plan of operation income if reported on your behalf on Form IL-1065.	29	_____	.00
30	Income from Illinois pre-need funeral, burial, and cemetery trusts.	30	_____	.00
31	Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act.	31	_____	.00
32	Reparations or other amounts received as a victim of persecution by Nazi Germany.	32	_____	.00
33	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.			
a	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	33a	_____	.00
b	Tri-County River Valley Development Authority bonds	33b	_____	.00
c	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	33c	_____	.00
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	33d	_____	.00
e	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	33e	_____	.00
f	Illinois Sports Facilities Authority bonds	33f	_____	.00
g	Higher Education Student Assistance Act bonds	33g	_____	.00
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	33h	_____	.00
i	Rural Bond Bank Act bonds and notes	33i	_____	.00
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	33j	_____	.00
k	Quad Cities Interstate Metropolitan Authority bonds	33k	_____	.00
l	Southwestern Illinois Development Authority bonds	33l	_____	.00
m	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	33m	_____	.00
n	Illinois Power Agency bonds issued by the Illinois Finance Authority	33n	_____	.00
o	Central Illinois Economic Development Authority bonds	33o	_____	.00
p	Eastern Illinois Economic Development Authority bonds	33p	_____	.00
q	Southeastern Illinois Economic Development Authority bonds	33q	_____	.00
r	Southern Illinois Economic Development Authority bonds	33r	_____	.00
s	Illinois Urban Development Authority bonds	33s	_____	.00
t	Downstate Illinois Sports Facilities Authority bonds	33t	_____	.00
u	Western Illinois Economic Development Authority bonds	33u	_____	.00
v	Upper Illinois River Valley Development Authority Act bonds	33v	_____	.00
w	Will-Kankakee Regional Development Authority bonds	33w	_____	.00
x	Export Development Act of 1983 bonds	33x	_____	.00
34	Interest on the following non-U.S. government bonds.			
a	Bonds issued by the government of Guam	34a	_____	.00
b	Bonds issued by the government of Puerto Rico	34b	_____	.00
c	Bonds issued by the government of the Virgin Islands	34c	_____	.00
d	Bonds issued by the government of American Samoa	34d	_____	.00
e	Bonds issued by the government of the Northern Mariana Islands	34e	_____	.00
f	Mutual mortgage insurance fund bonds	34f	_____	.00
35	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 21, 33, or 34 as reported on federal Form 8814.	35	_____	.00
36	Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return.	36	_____	.00
37	Unjust imprisonment compensation awarded by Illinois Court of Claims.	37	_____	.00
38	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	38	_____	.00
39	Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.	39	_____	4 2 7 .00



Nonresident and Part-Year Resident
Computation of Illinois Tax

ANUSHA KONCHADA

Your name as shown on your Form IL-1040

181-31-8586

Your Social Security number

Step 1: Provide the following information

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
☐ Yes ☒ No If you answered "Yes," **STOP** you cannot use this form (see instructions).
- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2017.
- a I lived in **Illinois** from / / to / / I lived in State from / / to / /
Month Day Year Month Day Year Month Day Year
- b My spouse lived in **Illinois** from / / to / / , and State from / / to / /
Month Day Year Month Day Year Month Day Year
- 3 If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin ☐ Military Spouse
- 4 If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5 105,396 .00	82,694 .00
6 Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6 .00	.00
7 Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	7 .00	.00
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10)	8 427 .00	.00
9 Alimony received (federal Form 1040, Line 11)	9 .00	.00
10 Business income or loss (federal Form 1040, Line 12)	10 .00	.00
11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11 .00	.00
12 Other gains or losses (federal Form 1040, Line 14)	12 .00	.00
13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	13 .00	.00
14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14 .00	.00
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Line 17)	15 .00	.00
16 Farm income or loss (federal Form 1040, Line 18)	16 .00	.00
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17 .00	.00
18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18 .00	.00
19 Other income. See instructions. (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 .00	.00
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	82,694 .00



Step 3: Continued

	Column A Federal Total	Column B Illinois Portion
21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21 82,694 .00	
22 Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	22 .00	.00
23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	23 .00	.00
24 Health savings account deduction (federal Form 1040, Line 25)	24 .00	.00
25 Moving expenses (federal Form 1040, Line 26)	25 .00	.00
26 Deductible part of self-employment tax (federal Form 1040, Line 27)	26 .00	.00
27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	27 .00	.00
28 Self-employed health insurance deduction (federal Form 1040, Line 29)	28 .00	.00
29 Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29 .00	.00
30 Alimony paid (federal Form 1040, Line 31a)	30 .00	.00
31 IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31 .00	.00
32 Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	32 .00	.00
33 Reserved (federal Form 1040, Line 34; or 1040A, Line 19)	33 .00	.00
34 Domestic production activities deduction (federal Form 1040, Line 35)	34 .00	.00
35 Other adjustments (see instructions)	35 .00	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36 .00	.00
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 105,823 .00	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38 82,694 .00	

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 .00	.00
40 Other additions (Form IL-1040, Line 3)	40 .00	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41 82,694 .00	
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 .00	.00
43 Illinois Income Tax overpayment included on your federal Form 1040, Line 10. (Form IL-1040, Line 6)	43 .00	.00
44 Other subtractions (Form IL-1040, Line 7) SEE STATEMENT 1	44 427 .00	.00
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45 .00	.00

Step 5: Figure your Illinois income and tax

46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income . Enter this amount on your Form IL-1040, Line 12.	46 82,694 .00
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	
47 Enter the base income from Form IL-1040, Line 9.	47 105,396 .00
48 Divide Line 46 by Line 47 (carry to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 .785
49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 2,175 .00
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50 1,707 .00
51 Subtract Line 50 from Line 46. This is your Illinois net income.	51 80,987 .00
52 Multiply the amount on Line 51 by 4.3549% (.043549). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 13. If you completed Schedule SA, enter the amount from Line 25 of that schedule here and on your Form IL-1040, Line 13. This is your tax .	52 3,527 .00



IL SCHEDULE NR	OTHER SUBTRACTIONS	STATEMENT 1
DESCRIPTION	FORM IL-1040 TOTAL	ILLINOIS PORTION
REFUND RECOVERY AZ	123.	0.
REFUND RECOVERY CA	304.	0.
TOTAL TO SCHEDULE NR, LINE 44	427.	0.