

2019 TAX RETURN FILING INSTRUCTIONS

GEORGIA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

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

Prepared By:

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

Amount of Tax:

Total tax	\$	4,942
Less: payments and credits	\$	5,193
Plus: interest and penalties	\$	0
Overpayment	\$	251

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	251

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 October 09, 2020.

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) 9272 DEERCROSS PARKWAY	Apt Number 2D	Daytime Telephone Number
City, Town or Post Office BLUEASH	State OH	ZIP Code 45236

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	100,528
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	88,966
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	4,516
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	251

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 2019 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.

5th OCT,
2020

SIGN HERE K. Anusha 2020
TAXPAYER'S SIGNATURE _____ **Date** _____
ANUSHA KONCHADA
PRINT NAME _____

SPOUSE'S SIGNATURE (if joint return, both must sign) _____ **Date** _____

EMAIL ADDRESS _____

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only	ERO's Signature <u>NIMA DAS</u>	Date <u>10/02/20</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>P01470073</u>

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

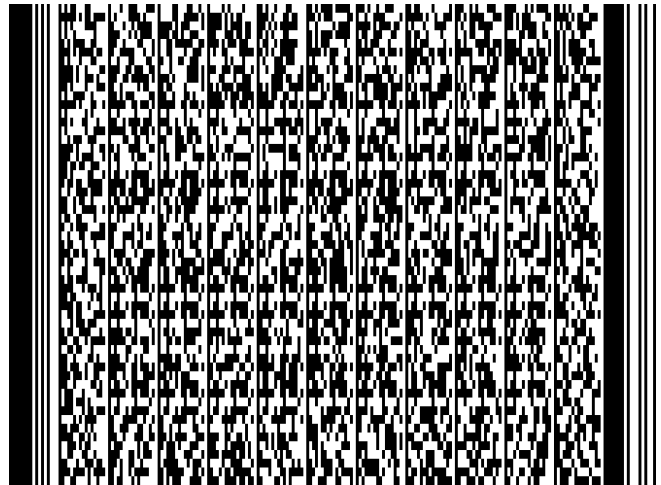
Paid Preparer's Use Only	Paid Preparer's Signature _____	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	City, State, & ZIP Code _____	

GA-8453 (REV 09/23/19)

KEEP A COPY WITH YOUR RECORDS



2000405011

**Georgia Form 500** (Rev. 06/20/19)

Individual Income Tax Return

Georgia Department of Revenue

2019 (Approved software version)**Page 1**Fiscal Year
Beginning 01/01/2019

STATE GA

ISSUED

Fiscal Year
Ending 12/31/2019

YOUR DRIVER'S

LICENSE/STATE ID

061091815

YOUR FIRST NAME

1. ANUSHA

MI

YOUR SOCIAL SECURITY NUMBER

181-31-8586

LAST NAME (For Name Change See IT-511 Tax Booklet)

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
2. 9272 DEERCROSS PARKWAY HAS CHANGED

APT. 2D

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

3. BLUEASH

STATE

OH

ZIP CODE

45236

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number

Residency Status

4. 2

1. FULL-YEAR RESIDENT

2. PART-YEAR RESIDENT

01/01/2019

TO 12/08/2019

3. NONRESIDENT

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

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

Filing Status

5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above)

D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.)

6a. Yourself ☒6b. Spouse ☐

6c. 1

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

7a.

945001 09-11-19

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
181-31-8586

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

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

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

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

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

INCOME COMPUTATIONS

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

8. Federal adjusted gross income (From Federal Form 1040) 8. **100528**

(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a.

(See IT-511 Tax Booklet)

b. Self: 65 or over? ☐ 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.



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Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	88966
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	88966
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	4942
17. Low Income Credit	17a.	17b.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	426
STMT 1		
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	426
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	4516

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

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 061454513	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> 	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID 2214871HF	3. EMPLOYER/PAYER STATE WITHHOLDING ID 	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 95834	4. GA WAGES / INCOME 	4. GA WAGES / INCOME
5. GA TAX WITHHELD 4767	5. GA TAX WITHHELD 	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
181-31-8586

Page 4

(INCOME STATEMENT D)

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

(INCOME STATEMENT E)

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

(INCOME STATEMENT F)

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

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

23. Georgia Income Tax Withheld on Wages and 1099s 23. 4767
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. Other Georgia Income Tax Withheld 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. Estimated Tax paid for 2019 and Form IT-560 25.
26. Schedule 2B Refundable Tax Credits 26.
(Cannot be claimed unless filed electronically)
27. Total prepayment credits (Add Lines 23, 24, 25 and 26) 27. 4767
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29. 251
30. Amount to be credited to 2020 ESTIMATED TAX 30.
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.
33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.
34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.
35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.
37. Saving the Cure Fund (No gift of less than \$1.00) 37.
38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2019 (Approved software version)



YOUR SOCIAL SECURITY NUMBER
181-31-8586

Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.

40. Form 500 UET (Estimated tax penalty) ☐ 500 UET exception attached 40.

41. (If you owe) Add Lines 28, 31 thru 40
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE 41.

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

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42.

251

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

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☒
Savings ☐

Routing
Number 122100024
Account
Number 860275218

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

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.

I/we declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

K. Amisha

Taxpayer's Signature ☐ (Check box if deceased)

Spouse's Signature ☐ (Check box if deceased)

Date 5th OCT, 2020

Date

Taxpayer's Phone Number +1 623 215 5033

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

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

Taxpayer's E-mail Address

NIMA DAS

Signature of Preparer

Name of Preparer Other Than Taxpayer

NIMA DAS

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

P01470073

GA 500

CREDIT FOR TAXES PAID TO OTHER STATES
FOR PART-YEAR RESIDENTS

STATEMENT 1

1.	INCOME EARNED IN ANOTHER STATE(S) WHILE A GEORGIA RESIDENT:		15,162.
2.	GA AGI (LINE 8, COL. C OF FORM 500, SCHEDULE 3)	95,932.	
3.	RATIO: LINE 1 DIVIDED BY LINE 2	.16	
4.	GA STD. OR ITEMIZED DEDUCTIONS AND GA PERSONAL EXEMPTION AND CREDIT FOR DEPENDENTS (LINE 13, SCH. 3, FORM 500)	6,966.	
5.	LINE 4 MULTIPLIED BY RATIO ON LINE 3		1,101.
6.	INCOME FOR COMPUTATION OF CREDIT (LINE 1 LESS LINE 5)		14,061.
7.	TAX AT GA RATES (USE TAX TABLE ON PAGES 25-27)		635.
8.	TAX SHOWN ON RETURN(S) FILED WITH OTHER STATE(S) FOR INCOME TAXED BY GEORGIA		426.
9.	TOTAL TAX CREDIT (LESSER OF LINE 7 OR LINE 8) TO BE ENTERED ON LINE 18 OF FORM 500		426.



2007405011

2019 (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	99824	1. WAGES, SALARIES, TIPS, etc	3892	1. WAGES, SALARIES, TIPS, etc	95932
2. INTEREST AND DIVIDENDS	704	2. INTEREST AND DIVIDENDS	704	2. INTEREST AND DIVIDENDS	
3. BUSINESS INCOME OR (LOSS)		3. BUSINESS INCOME OR (LOSS)		3. BUSINESS INCOME OR (LOSS)	
4. OTHER INCOME OR (LOSS)		4. OTHER INCOME OR (LOSS)		4. OTHER INCOME OR (LOSS)	
5. TOTAL INCOME: TOTAL LINES 1 THRU 4	100528	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	4596	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	95932
6. TOTAL ADJUSTMENTS FROM FORM 1040		6. TOTAL ADJUSTMENTS FROM FORM 1040		6. TOTAL ADJUSTMENTS FROM FORM 1040	
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1		7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1		7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	100528	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	4596	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	95932
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage		9.		95.43	% Not to exceed 100%
10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> (See IT-511 Tax Booklet)		10a.		4600	
10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total X 1,300 =		10b.			
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)					
11a. Enter the number on Line 6c. from Form 500 or 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C		11a.		2700	
11b. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000		11b.			
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b		12.		7300	
13. Multiply Line 12 by Ratio on Line 9 and enter result		13.		6966	
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X		14.		88966	

Filing Status

☒ Single
☐ Married filing jointly
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial ANUSHA		Last name KONCHADA		Your social security number 181 31 8586	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 9272 DEERCROSS PARKWAY				Apt. no. 2D	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BLUEASH, OH 45236				<div> <div>Presidential Election Campaign</div> <div>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.</div> <div> <input type="checkbox"/> You <input type="checkbox"/> Spouse </div> </div>	
Foreign country name		Foreign province/state/county		Foreign postal code	
				If more than four dependents, see instructions and √ here▶ <input type="checkbox"/>	

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1955
☐ Are blind

Spouse:

☐ Was born before January 2, 1955
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) √ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2		STMT 2		1	99,824.
2a Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required		2b	704.
3a Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required		3b	
4a IRA distributions	4a	b Taxable amount		4b	
c Pensions and annuities	4c	d Taxable amount		4d	
5a Social security benefits	5a	b Taxable amount		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>				6	
7a Other income from Schedule 1, line 9				7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income				7b	100,528.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income				8b	100,528.
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200.			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a Add lines 9 and 10				11a	12,200.
b Taxable income. Subtract line 11a from line 8b.					
If zero or less, enter -0-				11b	88,328.

12a	Tax (see inst.) Check if any from Form(s): <input type="checkbox"/> 1 <input type="checkbox"/> 8814 <input type="checkbox"/> 2 <input type="checkbox"/> 4972 <input type="checkbox"/> 3 <input type="checkbox"/>	12a	15,373.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	15,373.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	23.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	15,350.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		
16	Add lines 14 and 15. This is your total tax	16	15,350.	
17	Federal income tax withheld from Forms W-2 and 1099	17	17,098.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	17,098.	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,748.	
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,748.	
Direct deposit? See instructions.	b Routing number 122100024	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 860275218			
	22 Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
	24 Estimated tax penalty (see instructions)	24		
Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions			<input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No
	Designee's name	Phone no.	Personal identification number (PIN)	
Sign Here	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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature <i>K. Anusha</i>	Date 5th OCT, 2020	Your occupation SENIOR CONSULTANT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address		
Paid Preparer Use Only	Preparer's name NIMA DAS	Preparer's signature NIMA DAS	Date 10/02/20	PTIN P01470073
				Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	DELOITTE TAX SERVICES INDIA PVT. LTD.		Phone no. (678) 299-3756	Firm's EIN 98-0432569
Firm's address	BPTP CREST, PLOT 15, UDYOG VIHAR GURGAON, HARYANA 122015 INDIA			

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2019)

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 2

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	99,726.	17,098.	5,298.	318.	6,183.	1,446.
T DELOITTE CONSULTING INDIA PVT LTD.	98.					
TOTALS	99,824.	17,098.	5,298.	318.	6,183.	1,446.