# 2020 TAX RETURN FILING INSTRUCTIONS

**BLUE ASH INCOME TAX RETURN** 

#### FOR THE YEAR ENDING

December 31, 2020

Prepared F	or:	
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Anusha Konchada 9272 Deercross Parkway Apt. No. 2D BlueAsh, OH 45236

## Prepared By:

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

#### **Amount of Tax:**

Total tax	\$ 1,309
Less: payments and credits	\$ 1,299
Plus: interest and penalties	\$ 0
Balance Due	\$ 10

#### Overpayment:

Not applicable

## Make Check Payable To:

Not applicable

## Mail Tax Return and Check (if applicable) To:

Blue Ash City Income Tax 4343 Cooper Rd. Cincinnati, OH 45242-5612

#### Return Must Be Mailed On Or Before:

April 15, 2021

## **Special Instructions:**

The return should be signed and dated by you.

## BLUE ASH

## BLUE ASH

## **Individual Tax Return 2020 Form R**

Tax Return is due by 04/15/2021

PLEASE CHECK IF	REFUND		Г
	CREDIT TO 2021		
	BALANCE DUE		
	AMENDED	Ш	
	EXTENSION FILED	Ш	
ATHLETE	OR ENTERTAINER		

THIS SPACE IS FOR OFFICIAL USE ONLY

SIGNATURE OF SPOUSE (IF JOINT) 095301 08-12-20

ACCOUNT NO. ACCOUNT TYPE SOCIAL SECURITY	#/F.I.D.# X Single Enter spouse's information for married-separate
	Married - Separate Name
ANUSHA KONCHADA	Resident Date Moved In
9272 DEERCROSS PARKWAY APT. NO. 2D	Non-Resident Date Moved Out
BLUEASH, OH 45236	Prior Address Prior Address
E-Mail: Phone:  Your Name, Address & Social Security # / F.I.D. # Are Printed above As They Appear On Our Records	Did you file a return for 2019?
Corrections Where Necessary. Add Social Security # / F.I.D. # If Missing. Attach Copy of Federal Retu	Irn And Should your Lax account be inactivated?   Yes A No
Schedules. Otherwise Returns Will Be Questioned if all Lines Applicable to Taxpayer Are Not Comple	ted. Reason:
TAY ON OUR ATION	
TAX CALCULATION	104 711
1a. Total Qualifying Wages and Other Compensation Worksheet A, Columbia Advisor and Advi	
b. Adjustments to Wages and Other Compensation Worksheet A-1, Total	
c. Taxable Qualified Wages and Other Compensation Line 1a plus line 1	
2a. Business Income Worksheet B, line 5	
b. Adjustments to Business Income Worksheet X, line M less line Z	
c. Adjusted Business Income Line 2a plus line 2b. If less than ZERO this is the amount d. Taxable Business Income Line 2c. If less than ZERO enter ZERO	
Net Operating Loss Carryforward Worksheet NOL-1, line 4c (Cannot et al., 1988).	avecced line 2d)
4. Total Taxable Income Line 1c plus line 2d minus line 3	
5. INCOME TAX - 1.2500 % OF L	
6a. City Tax Withheld Worksheet A, Column 4, Totals, Worksheet B, Column 2, line 4, and V	1 000
b. Estimated Tax Payments Overpayment Applied	
C. Extension Payment Paid (Refunded) on Original Return	
d. Credit for Taxes Paid to Other Cities Worksheet CR-2, line 9 (if applica	
e. Other Credits	
f. Total Payments and Credits Add line 6a through line 6e	
7. Balance of Tax After Payments and Credits Line 5 less line 6f. If positive conti	1.0
8. If line 7 is greater than \$10, calculate interest and penalties due and to	
Interest + Payment Penalty	
9. BALANCE DUE Line 7 plus line 8. If \$10 or less enter ZERO. Continu	
10. a. <b>OVERPAYMENT</b> Enter line 7 as a positive. If \$10 or less enter ZEF	<u>30</u>
b. CREDIT TO NEXT YEAR	
DECLARATION OF ESTIMATED TAX FOR 2021	
11. Total Estimated Income Subject to Tax	
12	
13. Estimated Taxes Withheld from Wages and Other Credits	
14. Estimated Tax Due After Withholding and Other Credits Line 12 less li	ne 13. If this amount is less than \$200, STOP
15. Quarter One Estimated Tax Due Before Credits- 25% of line 14	
16. Less Credits Line 10b above and Amounts Already Paid on this Year	·
17. Net Estimated Tax Due Line 15 less line 16. If less than ZERO enter Z	ERO
18. <b>TOTAL AMOUNT DUE</b> Line 9 plus line 17	
I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STAT	EMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND
COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TO $\frac{1}{2}$	
if this return was prepared by a tax preparer, may we contact him/her with questions regarding the property of	
X Yes No	MAHESH DALAVAI 03/30/2021 SIGNATURE OF PERSON PREPARING IF OTHER THAN TAX PAYER DATE
	DELOITTE TAX SERVICES INDIA PVT. LTD
SIGNATURE OF TAXPAYER OR AGENT DATE	HYDERABAD, TELANGANA 500032 INDIA
	(678) 299-6000
SIGNATURE OF SPOUSE (IF JOINT) DATE	ADDRESS OR NAME, ADDRESS AND TELEPHONE NUMBER OF FIRM OR EMPLOYER

1 Wages, tips, other compensation 104431.40	2 Federal Income tax withheld 16251.04	1 Wages, tips, other compensation 104431.40	2 Federal Income tax withheld 16251.0
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
104431.40 5 Medicare wages and tips	6474.75 6 Medicare tax withheld	104431.40 5 Medicare wages and tips	6474.7
a Employee's SSA number	1514.26	104431.40 a Employee's SSA number	1514.2
181-31-8586	Employer use only	181-31-8586	Employer use only
b Employer's FED ID number 06-1454513	d Control number 00448023	b Employer's FED ID number 06-1454513	d Control number 00448023
c Employer's name, address, and ZIP code	00446023	c Employer's name, address, and ZIP code	00440023
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 4153.24	11 Nonqualified plans	12a See instructions for box 12 4153.2
13 Statutory Retirement Third-Party Employee plan Sick pay	DD 4133.24	13 Statutory Retirement Third-Party Employée plan Sick pay	DD 4133
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last nan Anusha Konchada 9272 Deercross Parkway A BlueAsh OH 45236		e Employee's first name and initial Last nam Anusha Konchada 9272 Deercross Parkway A BlueAsh OH 45236	
f Employee's address and ZIP code   15 State   Employer's state ID   COLUMN   COLU	18 Local wages, tips, etc	f Employee's address and ZIP code  15 State Employer's state ID	18 Local wages, tips, etc
GA 2214871HF 16 State wages, tips, etc.	19 Local income tax	GA   2214871ĤF   16 State wages, tips, etc.	19 Local income tax
7008.39	20 Locality name	7008.39	20 Locality name
W-2 Wage and Tax Statement Copy C for Employee's records	Dont of the Treasury - Internal Poyonue	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Incom-	Dept. of the Treasury - Internal Revenue Service
1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
3 Social security wages	16251.04 4 Social security tax withheld	3 Social security wages	16251.
104431.40 5 Medicare wages and tips	6474.75 6 Medicare tax withheld	104431.40 5 Medicare wages and tips	6474.
104431.40	1514.26	104431.40	1514.
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
181-31-8586 b Employer's FED ID number	d Control number	181-31-8586 b Employer's FED ID number	d Control number
06-1454513 c Employer's name, address, and ZIP code	00448023	06-1454513 c Employer's name, address, and ZIP code	00448023
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	120 See instructions for boy 12
	12a See Instructions for box 12	·	12a See instructions for box 12 4153
13 Statutory Retirement Third-Party Sick pay		13 Statutory Retirement Third-Party Employee plan Sick pay	
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last nan Anusha Konchada 9272 Deercross Parkway A BlueAsh OH 45236		e Employee's first name and initial Last nam Anusha Konchada 9272 Deercross Parkway A BlueAsh OH 45236	
f Employee's address and ZIP code	18 Local wages, tips, etc	f Employee's address and ZIP code	18 Local wages, tips, etc
15 State Employer's state ID  2214871HF		15 State Employer's state ID 2214871HF	
16 State wages, tips, etc. 7008.39		16 State wages, tips, etc. 7008.39	
17 State income tax 402.98		17 State income tax 402.98	20 Locality name
W-2 Wage and Tax Statement Copy B To Be Filed With Employee's FEDERAL Tax		W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's CITY or LOCA	

3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
181-31-8586		181-31-8586	
b Employer's FED ID number 06-1454513	d Control number 00448023	b Employer's FED ID number 06-1454513	d Control number 00448023
c Employer's name, address, and ZIP code	00440023	c Employer's name, address, and ZIP code	00440023
Deloitte Consulting LLP		Deloitte Consulting LLP	
4022 Sells Drive		4022 Sells Drive	
Hermitage TN 37076-2903	3	Hermitage TN 37076-290	3
	10.10		
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-Party Employee plan Sick pay	12b	13 Statutory Retirement Third-Party Sick pay	12b
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last na	ame Suff.	e Employee's first name and initial Last n	ame Suff.
Anusha Konchada		Anusha Konchada	dine Sun.
9272 Deercross Parkway	Apt #2D	9272 Deercross Parkway	Apt #2D
BlueAsh OH 45236		BlueAsh OH 45236	
f Employee's address and ZIP code		f Employee's address and ZIP code	
15 State	18 Local wages, tips, etc 103954.78	15 State	18 Local wages, tips, etc 103954.78
16 State wages, tips, etc.	19 Local income tax	16 State wages, tips, etc.	19 Local income tax
104431.4	20 Locality name	104431.4	20 Locality name
17 State income tax		2053 7	70 Blue Ash
17 State income tax 2953.7	0 Blue Ash	Form OMB No 15/5-0008	
17 State income tax 2953.7	0   Blue Ash  Dept. of the Treasury - Internal Revenue Service. This information is being furnished to	Form OMB. No. 1545-0008	Dent of the Treasury - Internal Revenue
17 State income tax 2953.70  Form OMB. No. 1545-0008  Wage and Tax Statement 20	0   Blue Ash Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and	W-2 Wage and Tax Statement 20	Dept. of the Treasury - Internal Revenue Service
17 State income tax 2953.7	Dept. of the Treasury - Internal Revenue	Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue Service
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17 State income tax  2953.70  Form OMB. No. 1545-0008  Wage and Tax Statement Copy C for Employee's records  1 Wages, tips, other compensation	Dept. of the Treasury - Internal Revenue Service. This information is being furmished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.  2 Federal Income tax withheld	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Inco	Dept. of the Treasury - Internal Revenue Service ome Tax Return  2 Federal Income tax withheld
17 State income tax  2953.7  Form OMB. No. 1545-0008 Wage and Tax Statement Copy C for Employee's records	Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Inco	Dept. of the Treasury - Internal Revenue Service ome Tax Return
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17 State income tax  2953.70  W-2 Wage and Tax Statement Copy C for Employee's records  1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number	Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.  2 Federal Income tax withheld  4 Social security tax withheld	W-2 Wage and Tax Statement 20 Copy 2 To Be Filed With Employee's STATE Inco  1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number	Dept. of the Treasury - Internal Revenue Service  Dept. of the Treasury - Internal Revenue Service  Dept. of the Treasury - Internal Revenue Service  Service  2 Federal Income tax withheld  4 Social security tax withheld
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To State income tax  2953.7  Form OMB. No. 1545-0008  W-2 Wage and Tax Statement Copy C for Employee's records  1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips  a Employee's SSA number  181-31-8586 b Employer's FED ID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a regiligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.  2 Federal Income tax withheld  4 Social security tax withheld  6 Medicare tax withheld  Employer use only  d Control number 00448023	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Inco  1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number 181-31-8586 b Employer's FED ID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-290	Dept. of the Treasury - Internal Revenue Service Service Dome Tax Return  2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00448023
17 State income tax  2953.7  Form OMB. No. 1545-0008  W-2 Wage and Tax Statement Copy C for Employee's records  1 Wages, tips, other compensation  3 Social security wages  5 Medicare wages and tips  a Employee's SSA number  181-31-8586 b Employer's PED ID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903  7 Social security tips  9  11 Nonqualified plans	Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a regiligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.  2 Federal Income tax withheld  4 Social security tax withheld  6 Medicare tax withheld  Employer use only  d Control number 00448023	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Incompany 20  1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number 181-31-8586 b Employer's FED IID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-290  7 Social security tips 9 11 Nonqualified plans	Dept. of the Treasury - Internal Revenue Service  Dept. of the Treasury - Internal Revenue Service  Dept. of the Treasury - Internal Revenue Service  Dept. of the Treasury - Internal Revenue  Service  2 Federal Income tax withheld  4 Social security tax withheld  6 Medicare tax withheld  Employer use only  d Control number  00448023
To State income tax  2953.70  W-2 Wage and Tax Statement Copy C for Employee's records  1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips  a Employee's SSA number 181-31-8586 b Employer's FED ID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a regiligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.  2 Federal Income tax withheld  4 Social security tax withheld  6 Medicare tax withheld  Employer use only  d Control number 00448023	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Inco  1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number 181-31-8586 b Employer's FED ID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-290	Dept. of the Treasury - Internal Revenue Service Service Dome Tax Return  2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00448023
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WORKSHEET A-- SALARIES, WAGES, TIPS, AND OTHER COMPENSATION
Column 2 Column 3 Column 4

	Colur	nn 2	Col	umn 3	Colun	nn 4	Column 5	Dates	Earned
Employer	City Where	Employed	Qualify	ing Wages	City Tax W	/ithheld	Other City Tax Withhel		Thru MM/DI
SEE STATEMENT 1					-				
			1.0	4 544	1	000			
Totals			10	4,711.	1,	299.			
	DIVOLIEET A 4	4 D 11 10 T 14			OT!!ED 00		471011		
<u>wo</u>	RKSHEET A-1-			AGES AND	OTHER CO	MPENS	ATION	Λ al:at.aa a.at	A
		Descript	lion					Adjustment	Amount
Totals									
							-		
WORKSH	IEET B BUSIN	ESS, RENTA	AL, PASSTI	IROUGH, AI	ND MISCEL	LANEOL	JS INCOME		
		Colun	nn 1	Colun	nn 2	C	olumn 3	Column	4
		Profit (Lo	oss) from	City withho	lding from	So	chedule Y	City Taxable	Incom
Schedules		Federal	Schedules	W2-G and	1099-MISC	Reduc	tion Amount	Column 1 - 0	Column
Schedule C- Business Income									
(Net profit (loss) from Schedule C	's)								
Schedule E- Rental Income	- 4!>								
<ul><li>(Net profit (loss) from rental proper</li><li>Schedule E- Partnership/Share</li></ul>	<u> </u>								
(Net profit (loss) from K-1's)	siloider K- i								
Miscellaneous Income									
4. (W2-G, 1099-MISC, Schedule F, F	Form 4797)								
5. <b>Total Business Income</b> - Add Co		rough line 4	and enter th	nis amount o	n Page 1. lin	e 2a			
							-		
	SCHED	IIIEV DII			CNT CODA	II A			
DUDINEGO NAME / DECODIDITION	301150	OLE Y BU	SINESS AP	<u>PORTIONM</u>	ENT FORM	<u> </u>			
BUSINESS NAME / DESCRIPTION W	/orksheet B	Line 1	Line 4	Colum Colum		l	olumn 2	Column	3
W	orksheet B	Line 1	Line 4	Colun		C	olumn 2 ated in City	Column Percentag	
W tep 1. Average Original Cost of Rea	orksheet B	Line 1	Line 4	Colun	nn 1	C			
tep 1. Average Original Cost of Rea Gross Annual Rentals Multip	/orksheet B  al & Tangible Per	Line 1	Line 4	Colun	nn 1	C			
tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1	/orksheet B	Line 1	Line 4	Colun	nn 1	C			
tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 tep 2. Total wages, salaries, comm	/orksheet B  al & Tangible Per blied by 8	Line 1	Line 4	Colun	nn 1	C			
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Gross Annual Rentals Multip Total Step 1 Total wages, salaries, comm employees Gross receipts from sales m Gross receipts from sales m Gross receipts from sales m Grep 4 Total percentages (Total Step 5 Grep 5 Average percentage (Divide	Al & Tangible Perolied by 8	Line 1  rsonal Proper er compensat services per	Line 4  rty  tion of all  formed  centages us	Colum Located E	nn 1 verywhere	Co	ated in City		
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tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1  tep 2. Total wages, salaries, commemployees  tep 3. Gross receipts from sales mater 4. Total percentages (Total Step 5. Average percentage (Divide tep 6. Business incomemployees and tep 7. Apportioned business incomemployees are 7. Apportioned business incomemployees are 8. Business incomemployees are 9. Significant of the 10 step 10	Al & Tangible Per al & Tangible Per blied by 8	Line 1  rsonal Proper er compensat services per umber of pero lied by Step ess Step 7)  RECONCILIA ADD	tion of all centages us  ATION WITH	ed)  I FEDERAL  Capital Gains Interest Incon	INCOME TA	Co Loca	RN	Percentag	<u>e (2+1)</u>
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tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1  tep 2. Total wages, salaries, commemployees  tep 3. Gross receipts from sales matep 4. Total percentages (Total Step 5. Average percentage (Divide tep 6. Business incomement tep 7. Apportioned business incomement tep 8. Business income reduction at tep 8. Business income reduction at tep 8. Signature of the production of tep 8. Expenses incurred in the production of non-tax City or state income taxes  Net operating loss deduction per Federal Return Payments to partners.	Al & Tangible Per colied by 8 colied by 8 colied by 8 colied by 8 colied and work or cole 1 through 3 colied and work or cole 1 through 3 colied amount (Step 6 lamount (Step	Line 1  rsonal Proper er compensati services per umber of pero lied by Step ess Step 7)  RECONCILIA ADD	tion of all formed  centages us  ATION WITH	ed)  FEDERAL  Capital Gains Interest Incon Dividends Employee Sto	INCOME TA  ITEMS NO	X RETU	RN	Percentag	<u>e (2+1)</u>
Gross Annual Rentals Multip Total Step 1  Step 2. Total wages, salaries, commenployees  Gross receipts from sales many sales and step 4. Total percentages (Total Step 5. Average percentage (Divide Step 6. Business income step 7. Apportioned business income Business income reduction at step 8. Business income reduction at step 8. Expenses incurred in the production of non-tax City or state income taxes  Net operating loss deduction per Federal Return Payments to partners  Contributions to Retirement (401K, SERP)	Al & Tangible Per colied by 8	Line 1  rsonal Proper er compensation services per umber of pero lied by Step ess Step 7)  RECONCILIA ADD	tion of all formed  centages us  ATION WITH	ed)  FEDERAL  Capital Gains Interest Incon Dividends Employee Sto	INCOME TA  ITEMS NO	X RETU	RN	Percentag	<u>e (2+1)</u>
Step 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1  Step 2. Total wages, salaries, commemployees  Step 3. Gross receipts from sales managements and the step 5. Average percentage (Divide Step 6. Business incomember 9. Step 8. Business incomember 9. Business incomember 9. Business incomember 9. Step 9. Step 9. Step 9. Stock Options 9. Stock Option	Al & Tangible Per colied by 8	Line 1  rsonal Proper er compensat services per umber of pero lied by Step ess Step 7)  RECONCILIA ADD	tion of all formed  centages us  ATION WITH	ed)  FEDERAL  Capital Gains Interest Incon Dividends Employee Sto	INCOME TA  ITEMS NO	X RETU	RN	Percentag	<u>e (2+1)</u>
Step 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1  Step 2. Total wages, salaries, commemployees  Step 3. Gross receipts from sales managements and percentages (Total Step 4. Total percentages (Total Step 5. Average percentage (Divide Step 6. Business incomember 3. Business incomember 3. Business income reduction and Step 7. Apportioned business incomember 3. Step 8. Business income reduction and Step 8. Expenses incurred in the production of non-tage City or state income taxes  Net operating loss deduction per Federal Return Payments to partners  Contributions to Retirement (401K, SERP)	Al & Tangible Per colied by 8	Line 1  rsonal Proper er compensat services per umber of pero lied by Step ess Step 7)  RECONCILIA ADD	tion of all formed  centages us  ATION WITH	ed)  FEDERAL  Capital Gains Interest Incon Dividends Employee Sto	INCOME TA  ITEMS NO	X RETU	RN	Percentag	<u>e (2+1)</u>
tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1  tep 2. Total wages, salaries, commemployees  tep 3. Gross receipts from sales matep 4. Total percentages (Total Step 5. Average percentage (Divide tep 6. Business incomemployees and tep 7. Apportioned business incomemployees are a Business incomemployees.  Solution 1. Selection	Al & Tangible Per colied by 8	Line 1  rsonal Proper er compensat services per umber of pero lied by Step ess Step 7)  RECONCILIA ADD	tion of all formed  centages us  ATION WITH	ed)  FEDERAL  Capital Gains Interest Incon Dividends Employee Sto	INCOME TA  ITEMS NO	X RETU	RN	Percentag	<u>e (2+1)</u>

FORM R	SALARIES, WAGES, TIPS A	ND OTHER COME	PENSATION	STATEMENT 1
		WAGES	TAX WITHHELD	OTHER CITY TAX WITHHELD
EMPLOYER: CITY EMPLOYED: DATES EARNED:		103,955.	1,299	
EMPLOYER: CITY EMPLOYED: DATES EARNED:	DELOITTE CONSULTING LLP BLUE ASH 01/01/20 TO 12/31/20	280.		
EMPLOYER: CITY EMPLOYED: DATES EARNED:	DELOITTE CONSULTING LLP NON TAXING CITY 01/01/20 TO 12/31/20	476.		
TOTAL TO FORM R	, PAGE 2, WORKSHEET A	104,711.	1,299	

	U.S	. Individual Income Ta	x Reti	urn	2020	OI	MB No.	. 1545-0074	IRS Use (	Only - Do i	not write o	or staple in	this s	space.
•	X Si	ngle Married filing jointly	Ma	rried filing					OH) 🗌 Qu	ualifying	widow(e	er) (QW)		
Check only one box.	-	checked the MFS box, enter the if but not your dependent.	name of y	our spouse	e. If you checked th	e HOH or (	QW bo	ox, enter th	ie child's na	me if the	e qualifyi	ng perso	n is	
Your first name		, , , , , , , , , , , , , , , , , , ,	П	ast name						You	r social	security	num	nber
ANUSHA	. uu			ONCHA								1 85		
	spouse	e's first name and middle initia		ast name								cial secu		
,,										'			•	
Home address	(num	ber and street). If you have a	P.O. bo	k, see inst	ructions.				Apt. no.			l Election		
9272 DEE	RCR	OSS PARKWAY							2D			if you, or ing jointly		
City, town, or p	ost o	ffice. If you have a foreign add	dress, a	so comple	ete spaces below	·.	Sta	te ZIP co	ode	go t	to this fu	ınd. Checl	ƙing	a box
BLUEASH							0	H4523	36	belo refu		ot change	e you	ur tax or
Foreign countr	y nam	е		Fore	ign province/stat	e/county	Fo	oreign pos	tal code	1010	''' <sup>'</sup> [	You		Spouse
At any time duri	ng 20	20, did you receive, sell, send	l, excha	nge, or otl	nerwise acquire a	any financ	ial in	terest in a	any virtual	currenc	;y?	Yes	X	No
Standard	Someo	ne can claim: U You as a de	epender	nt ∐Yo	our spouse as a d	lependen	t							
Deduction _	Sp	ouse itemizes on a separate	return o	r you were	e a dual-status ali	en								
										П.				
Age/Blindness Dependents (se	You:	Were born before January 2,	1956	Are blin					ary 2, 1956		s blind			
f moro		•			(2) Social security	number	(3)	Relationship	o to you	. ,	if qualifies ax credit	for (see ins		tions): dependents
han four (1) F	rst nar	ne Last	name						+	Cillia	ax credit	Credit 101	Other	иерепиепіз
depend- ents, see ———											_	+	Н	
nstr. and check											$\dashv$	+	Н	
nere											$\vdash$	_	Н	
	1	Wages, salaries, tips, etc. Att	ach For	m(s) W-2	l			ST	MT 2	1		104	<u> </u>	711.
Attach		Tax-exempt interest	1			<b>b</b> Taxab				2b				
Sch. B if		Qualified dividends				<b>b</b> Ordin	ary di			3b				
required.		IRA distributions	_			<b>b</b> Taxab				4b				
	5a	Pensions and annuities	5a			<b>b</b> Taxab	le am	ount		5b				
	6a	Social security benefits	6a			<b>b</b> Taxab	le am	ount	<u></u>	6b				
Standard	7	Capital gain or (loss). Attach		le D if req	uired. If not requ	ired, ched	k hei	re	▶∐	7				
Deduction for -	8	Other income from Schedule	1, line	9						8				0.
<ul> <li>Single or Married filing separately,</li> </ul>	9	Add lines 1, 2b, 3b, 4b, 5b, 6	8b, 7, ar	nd 8. This i	s your total inco	ome				9		104	L, 7	711.
\$12,400  Married filing	10	Adjustments to income:												
jointly or	а	From Schedule 1, line 22				10a								
Qualifying widow(er),	b	Charitable contributions if you ta	ake the st	andard ded	uction. See instr.	10b								
\$24,800	С	Add lines 10a and 10b. Thes	e are yo	our <b>total a</b>	djustments to i	ncome				10c				
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10c from line 9										104	L, 7	711.
\$18,650  If you checked	12	Standard deduction or iten			•	,				12		12	2,4	400.
any box under Standard	13	Qualified business income d								13				400
Deduction,	14	Add lines 12 and 13								14	<u> </u>	12	4,4	400.
see instructions.	15	Taxable income. Subtract li	ne 14 fr	om line 11							i			

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

Department of the Treasury - Internal Revenue Service

Form 1040 (2020

15

Form 1040 (2020)	ANU	JSHA KONCHADA		_	_	<u>1</u> 81-3	1-8586			Page 2
	16	Tax (see instructions). Check if	any from Form	n(s): <b>1</b> 8814	<b>2</b> 49	72 <b>3</b>		16	16	,238.
	17	Amount from Schedule 2, line	3					17		
	18							18	16	,238.
	19	Child tax credit or credit for ot	her dependen	ts				19		
	20	Amount from Schedule 3, line	7					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	16	,238.
	23	Other taxes, including self-em	ployment tax, t	from Schedule	2, line 10			23		
	24	Add lines 22 and 23. This is yo	our total tax					24	16	,238.
	25	Federal income tax withheld for								
	а	Form(s) W-2	SEE STA	ATEMENT	3 25	a 1	<u>.6,251.</u>			
	b	Form(s) 1099			25	b				
	С	Other forms (see instructions)			25	С				
	d	Add lines 25a through 25c						25d	16	<u>,251.</u>
If you have a	<u> 26</u>	2020 estimated tax payments	and amount a	pplied from 20	19 return			26		
qualifying child attach Sch. EIC		Earned income credit (EIC)				7				
<ul> <li>If you have</li> </ul>	28	Additional child tax credit. Att	ach Schedule	8812	28	3				
nontaxable combat pay, se	e <b>29</b>	American opportunity credit fr				9				
instructions	30	Recovery rebate credit. See in				)				
	31	Amount from Schedule 3, line								
	32	Add lines 27 through 31. Thes						32		
	33	Add lines 25d, 26, and 32. The						33	16	,251.
Refund	34	If line 33 is more than line 24,				-	verpaid	34		13.
5:	35 a	Amount of line 34 you want re					▶∐	35a		13.
Direct deposit? See instructions.	<b>▶</b> b	Routing number 1221000			<b>c</b> Type:	X Checking	Savings			
	<b>▶</b> d									
	36	Amount of line 34 you want ap								
Amount	37	Subtract line 33 from line 24.						37		
You Owe		Note: Schedule H and Schedu		•		all of the taxes y	ou owe for			
For details on how to pay, see		2020. See Schedule 3, line 12	·		. 1	1				
instructions.		Estimated tax penalty (see ins								
Third Part		you want to allow another pers								
Designee	ins	tructions				▶ 🔼 Yes	. Complete belo		∐ No	
	Des	ignee's	<del>-</del>	Phone	C70\	200 0505	Personal iden	tification		
-	nan	ne MAHESH DALAVA  Her penalties of perjury, I declare that I have				299-0505		cnowledg	▶57877	true
Sian	corr	ect, and complete. Declaration of preparer	(other than taxpaye	er) is based on all inf	formation of w	hich preparer has an	y knowledge.	(IIOWICU)	If the IRS sent y	
Sign Here	100	r signature		Date	Your occupa	auon			Protection PIN,	
Here					CENTO	D CONCIII	m z rm		(see inst.)	
	Spc	use's signature. If a joint return, <b>both</b> mu	ıst sian	Date	Spouse's or	R CONSUL	ITANI		If the IRS sent y	nur snouse
Joint return? See instructions.		add o dignataro. In a joint rotarn, <b>Doar</b> Inc	.o. o.g		-				an Identity Prote	ection PIN,
Keep a copy for your records.	,								enter it here (see	e inst.)
, o a	_									
Paid	Preparer'	ne no.	Preparer's signat	Email address ure		Date	PTIN			
Preparer									Check if:	
Use Only	MALI	ESH DALAVAI	MYREGR	DAT AWAT		03/30/21	D01617	977		
•	MAUI	דא\אחעת זופי	мичери	DALAVAI		03/30/41	. <del>Г</del> ОТОТ /		Self-emp ne no.	эюуеа
Firm's DE	יד. רדי	TTE TAX SERVICES	י גדרואד	D777TTTTT	1				78) 299-	6000
		TTE TOWERS, SURV						1/ 0	Firm's EIN	
Firm's address HYDE			-		<b>↑</b> ₩ 11 1				98-043	
addressiiiDE	 VD	to to formation that SU	OUJZ INI	-ti					- PU-U43	1040

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2020)

FORM 1040	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 T DELOITTE CONSULTING LLP	104,431.	16,251.	3,357.	1,299.	6,475.	1,514.
TOTALS	104,711.	16,251.	3,357.	1,299.	6,475.	1,514.
FORM 1040 FE	DERAL INCOME	TAX WITHHE	ELD - FORM	(S) W-2	STATI	EMENT 3
T S DESCRIPTION					AN	MOUNT
T DELOITTE CONSULTING	LLP					16,251.
TOTAL TO FORM 1040, LI	NE 25A					16,251.

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 181-31-8586 ANUSHA KONCHADA Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes STMT 4 1 1 Alimony received 2a 2a Date of original divorce or separation agreement (see instructions) h 3 Business income or (loss). Attach Schedule C 3 4 4 Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 Farm income or (loss). Attach Schedule F 6 6 Unemployment compensation 7 7 8 Other income. List type and amount 8 0. Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 Part II Adjustments to Income Educator expenses 10 10 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 11 Form 2106 11 Health savings account deduction. Attach Form 8889 12 12 Moving expenses for members of the Armed Forces. Attach Form 3903 13 13 14 14 Deductible part of self-employment tax. Attach Schedule SE Self-employed SEP, SIMPLE, and qualified plans 15 15 16 Self-employed health insurance deduction 16 Penalty on early withdrawal of savings 17 17 18a 18a Alimony paid Recipient's SSN Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction 20 20 Student loan interest deduction Tuition and fees deduction. Attach Form 8917 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

on Form 1040, 1040-SR, or 1040-NR, line 10a

Schedule 1 (Form 1040) 2020

SCHEDULE 1 STATE AND	LOCAL INCOME TAX	REFUNDS	STATEMENT 4
	2019	2018	2017
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	GEORGIA 251.		
NET TAX REFUNDS GEORGIA	251.		
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	OHIO 318.		
NET TAX REFUNDS OHIO	318.		
TOTAL NET TAX REFUNDS	569.		

SCH	EDULE 1 TAXABLE STATE AND LOCAL INCOM	ME TAX	REFUNDS	STATEMENT 5
			2018	2019
	TAX REFUNDS FROM STATE AND CAL INCOME TAX REFUNDS STMT.			569
LES	S:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1	NET REFUNDS FOR RECALCULATION		0.	569
2	AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			6,147
4	SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE		0.	6,147
5	ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR			6,147
6	SCHEDULE A, LINE 5A ENTER THE AMOUNT FROM LINE 1			569
7	SUBTRACT LINE 6 FROM LINE 5			5,578
8	ADD LINE 7 TO LINE 3			5,578
9 10	SUBTRACT LINE 8 FROM LINE 2 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR			569
11	REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			569
11	ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			6,147
12	ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			12,200
13 14	SUBTRACT LINE 12 FROM LINE 11 ENTER THE SMALLER OF LINE 10			0
15 16	OR LINE 13. PRIOR YEAR TAXABLE INCOME AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES			0 88,328
	TOTAL TO SCHEDULE 1, LINE 1 (IF PRIOR YEAR REFUNDS, AMOUNT IS INCLUDED STATEMENT SHOWING PRIOR YEAR REFUNDS)	WITH		0