

# 2019 TAX RETURN FILING INSTRUCTIONS

BLUE ASH 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	\$	238
Less: payments and credits	\$	0
Plus: interest and penalties	\$	40
Balance due	\$	278

---

**Overpayment:**

Not applicable

---

**Make Check Payable To:**

City of Blue Ash, OH

---

**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:**

October 09, 2020

---

**Special Instructions:**

The return should be signed and dated by you.

---

2019 BLUE ASH

---

2019 BLUE ASH  
INCOME TAX RETURN

2019

Form R

File by **07/15/20**

2019

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION  
OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

And File Within 4 Months  
of Ending Date

OCCUPATION OR PRINCIPAL  
BUSINESS ACTIVITY **SENIOR CONSULTANT**

INDICATE CORP'N ☐ SOLE PROP. ☐ SUB S CORP ☐

WHETHER PTNRSHP ☐ EMPLOYEE ☒ OTHER ☐

ACCOUNT NO.

ACCOUNT TYPE

SOCIAL SECURITY # / F.I.D. #  
**181-31-8586**

Check if a

Consolidated return ☐

YES	NO
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

DID YOU FILE A RETURN FOR 2018? .....

HAS INTERNAL REVENUE SERVICE INCREASED YOUR  
INCOME TAX LIABILITY FOR ANY PRIOR YEAR? .....

IF SO, HAS AN AMENDED CITY INCOME TAX RETURN BEEN FILED? .....

YOUR LOCAL PHONE NO. \_\_\_\_\_

**ANUSHA KONCHADA****9272 DEERCROSS PARKWAY APT. NO. 2D****BLUEASH, OH 45236**

Your Name, Address & Social Security # / F.I.D. # Are Printed Above As They Appear On Our Records,  
Make Corrections Where Necessary. Add Social Security # / F.I.D. # If Missing. Attach Copy of Federal  
Return And Schedules in Lieu of Page 2 Schedules C, E & H. Otherwise, Returns Will Be Questioned if  
all lines Applicable to Taxpayer Are Not Completed.

**This Space for Tax Office Use Only**

FILING STATUS	<input checked="" type="checkbox"/> Single	RESIDENCY STATUS	<input type="checkbox"/> Resident	<input checked="" type="checkbox"/> Non-Resident
	<input type="checkbox"/> Married filing joint return (even if only 1 had income)		<input type="checkbox"/> Partial Year Resident	<i>please indicate below:</i>
	<input type="checkbox"/> Married filing separate return. Enter spouse's social security number: _____		DATE MOVED IN: _____	DATE MOVED OUT: _____
	Spouse's full name: _____		Former Address: _____	

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME Reason: \_\_\_\_\_

ENTER EMPLOYER'S NAME WHERE EMPLOYED AND 2019 GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, TIPS, ETC. ATTACH COPY OF W-2 FORM(S)

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax W/Held	Wages, Etc.
<b>DELOITTE CONSULTING LLP</b>	<b>BLUE ASH</b>		<b>19,054.</b>

INCOME	1a. TOTALS (if above is fully taxable and your only income, go next to Line 7) .....	<b>19,054.</b>
	2. OTHER INCOME: FROM LINE 26 PAGE 2 .....	
	3. TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) .....	<b>19,054.</b>
ADJUST- MENTS TO INCOME	4a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X BELOW) ..... ADD	
	b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X BELOW) ..... DEDUCT	
	c. DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) .....	
	5a. ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) .....	<b>19,054.</b>
TAX	b. Amount of Line 5a Allocable to the City ( _____ % from line 5 Schedule Y) .....	
	c. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (Submit Schedule) .....	
	6. AMOUNT SUBJECT TO CITY INCOME TAX (LINE 5a OR 5b LESS LINE 5c) .....	<b>19,054.</b>
	7. <b>INCOME TAX - 1.2500% OF LINE 6</b> .....	<b>238.</b>
ALLOWABLE CREDITS	8. CREDITS: (a) City tax withheld by employer(s) as shown on line 1a above .....	
	(b) Payments and credits on 2019 Declaration of Estimated Tax .....	
	(c) Earned income taxes paid City of _____ (Resident individuals only) .....	
	(d) Other credits .....	
(X) TOTAL CREDITS ALLOWABLE .....		
9. <b>BALANCE OF TAX DUE (Line 7 Less Line 8x) Make Remittance Payable to City of BLUE ASH and Attach When Filing.</b>		<b>278.</b>
10. OVERPAYMENT CLAIMED (If Line 8x Exceeds Line 7, Enter Difference in Box at Right) .....		
Enter Amount of Line 10 You Want: Credited to your <b>2020</b> Estimated Tax \$ _____ Refunded \$ _____		

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS 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 TAX PURPOSES.  
If this return was prepared by a tax preparer, may we contact him/her directly with questions regarding the preparation of this return.

☒ Yes ☐ No**NIMA DAS****10/02/20**

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT

DATE

**DELOITTE TAX SERVICES INDIA PVT. LTD.****GURGAON, HARYANA 122015 INDIA****(678) 299-3756**

ADDRESS OR NAME, ADDRESS AND TELEPHONE NUMBER OF FIRM OR EMPLOYER


995601 04-01-19

PAGE 1



SIGNATURE OF SPOUSE (IF JOINT)

DATE

TITLE IF SIGNING FOR A BUSINESS

44444	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .			
<b>a</b> Employer's name, address, and ZIP code  <b>Deloitte Consulting LLP</b> <b>4022 Sells Drive</b> <b>Hermitage</b> <b>TN 37076-2903</b>		<b>c</b> Tax year/Form corrected  <div style="text-align: center; font-size: 1.2em;">2019 / W-2</div>		<b>d</b> Employee's correct SSN  <div style="text-align: center; font-size: 1.2em;">181-31-8586</div>			
		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>					
		Complete boxes f and/or g only if incorrect on form <b>previously filed</b>					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN  <div style="text-align: center; font-size: 1.2em;">06-1454513</div>		<b>g</b> Employee's <b>previously reported</b> name					
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		<b>h</b> Employee's first name and initial <div style="text-align: center; font-size: 1.2em;">Anusha</div>		Last name <div style="text-align: center; font-size: 1.2em;">Konchada</div>			
		Suff.  <div style="text-align: center; font-size: 0.8em;">           00448023  <b>Anusha Konchada</b>  <b>9272 Deercross Parkway</b>  <b>Apt #2D</b>  <b>BlueAsh OH 45236</b> </div>					
<b>Note:</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>i</b> Employee's address and ZIP code					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation		1 Wages, tips, other compensation		2 Federal income tax withheld		2 Federal income tax withheld	
3 Social security wages		3 Social security wages		4 Social security tax withheld		4 Social security tax withheld	
5 Medicare wages and tips		5 Medicare wages and tips		6 Medicare tax withheld		6 Medicare tax withheld	
7 Social security tips		7 Social security tips		8 Allocated tips		8 Allocated tips	
9		9		10 Dependent care benefits		10 Dependent care benefits	
11 Nonqualified plans		11 Nonqualified plans		12a See instructions for box 12		12a See instructions for box 12	
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		12b	
14 Other (see instructions)		14 Other (see instructions)		12c		12c	
				12d		12d	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
15 State GA		15 State GA		15 State OH		15 State OH	
Employer's state ID number 2214871HF		Employer's state ID number 2214871HF		Employer's state ID number 52633534		Employer's state ID number 52633534	
16 State wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">99725.83</div>		16 State wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">95833.83</div>		16 State wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">15161.76</div>		16 State wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">19053.76</div>	
17 State income tax		17 State income tax		17 State income tax		17 State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
18 Local wages, tips, etc.		18 Local wages, tips, etc.		18 Local wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">0.00</div>		18 Local wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">19053.76</div>	
19 Local income tax		19 Local income tax		19 Local income tax		19 Local income tax	
20 Locality name		20 Locality name		20 Locality name Blue Ash		20 Locality name Blue Ash	

Copy B- To Be Filed with Employee's FEDERAL Tax Return

44444	<b>For Official Use Only</b> OMB No. 1545-0008	<b>Safe, accurate, FAST! Use</b>		Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .			
<b>a</b> Employer's name, address, and ZIP code  <b>Deloitte Consulting LLP</b> <b>4022 Sells Drive</b> <b>Hermitage</b> <b>TN 37076-2903</b>		<b>c</b> Tax year/Form corrected  2019 / W-2		<b>d</b> Employee's correct SSN  181-31-8586			
		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>					
		Complete boxes f and/or g only if incorrect on form <b>previously filed</b> 					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN  06-1454513		<b>g</b> Employee's <b>previously reported</b> name					
<b>Note:</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>h</b> Employee's first name and initial Anusha		Last name Konchada			
		Suff. 00448023 Anusha Konchada 9272 Deercross Parkway Apt #2D BlueAsh OH 45236					
<b>i</b> Employee's address and ZIP code							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		<b>2</b> Federal income tax withheld	
<b>3</b> Social security wages		<b>3</b> Social security wages		<b>4</b> Social security tax withheld		<b>4</b> Social security tax withheld	
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		<b>6</b> Medicare tax withheld	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips	
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		<b>12a</b> See instructions for box 12	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>		<b>12b</b>	
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions)		<b>12c</b>		<b>12c</b>	
				<b>12d</b>		<b>12d</b>	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State		<b>15</b> State		<b>15</b> State		<b>15</b> State	
Employer's state ID number		Employer's state ID number		Employer's state ID number		Employer's state ID number	
<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.  15161.76		<b>18</b> Local wages, tips, etc.  0.00		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name Cincinnati		<b>20</b> Locality name Cincinnati		<b>20</b> Locality name		<b>20</b> Locality name	

Copy B- To Be Filed with Employee's FEDERAL Tax Return

1 Wages, tips, other compensation			2 Federal Income tax withheld		
99725.83			17098.36		
3 Social security wages			4 Social security tax withheld		
99725.83			6183.00		
5 Medicare wages and tips			6 Medicare tax withheld		
99725.83			1446.02		
a Employee's SSA number			Employer use only		
181-31-8586					
b Employer's FED ID number			d Control number		
06-1454513			00448023		
c Employer's name, address, and ZIP code					
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
			DD 4032.08		
13 Statutory Employee Retirement plan Third-Party Sick pay			12b		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
14 Other			12c		
			12d		
e Employee's first name and initial Last name Suff.					
Anusha Konchada 509 lindbergh place NE, Apt 701 Atlanta GA 30324					
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		
99725.83					
17 State income tax			20 Locality name		
4766.55					
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2019</b> Copy C for Employee's records					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
99725.83			17098.36		
3 Social security wages			4 Social security tax withheld		
99725.83			6183.00		
5 Medicare wages and tips			6 Medicare tax withheld		
99725.83			1446.02		
a Employee's SSA number			Employer use only		
181-31-8586					
b Employer's FED ID number			d Control number		
06-1454513			00448023		
c Employer's name, address, and ZIP code					
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
			DD 4032.08		
13 Statutory Employee Retirement plan Third-Party Sick pay			12b		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
14 Other			12c		
			12d		
e Employee's first name and initial Last name Suff.					
Anusha Konchada 509 lindbergh place NE, Apt 701 Atlanta GA 30324					
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		
99725.83					
17 State income tax			20 Locality name		
4766.55					
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2019</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
99725.83			17098.36		
3 Social security wages			4 Social security tax withheld		
99725.83			6183.00		
5 Medicare wages and tips			6 Medicare tax withheld		
99725.83			1446.02		
a Employee's SSA number			Employer use only		
181-31-8586					
b Employer's FED ID number			d Control number		
06-1454513			00448023		
c Employer's name, address, and ZIP code					
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
			DD 4032.08		
13 Statutory Employee Retirement plan Third-Party Sick pay			12b		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
14 Other			12c		
			12d		
e Employee's first name and initial Last name Suff.					
Anusha Konchada 509 lindbergh place NE, Apt 701 Atlanta GA 30324					
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		
99725.83					
17 State income tax			20 Locality name		
4766.55					
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2019</b> Copy B To Be Filed With Employee's FEDERAL Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
99725.83			17098.36		
3 Social security wages			4 Social security tax withheld		
99725.83			6183.00		
5 Medicare wages and tips			6 Medicare tax withheld		
99725.83			1446.02		
a Employee's SSA number			Employer use only		
181-31-8586					
b Employer's FED ID number			d Control number		
06-1454513			00448023		
c Employer's name, address, and ZIP code					
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
			DD 4032.08		
13 Statutory Employee Retirement plan Third-Party Sick pay			12b		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
14 Other			12c		
			12d		
e Employee's first name and initial Last name Suff.					
Anusha Konchada 509 lindbergh place NE, Apt 701 Atlanta GA 30324					
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		
99725.83					
17 State income tax			20 Locality name		
4766.55					
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2019</b> Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
a Employee's SSA number 181-31-8586			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00448023		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14 Other			12c		
			12d		
e Employee's first name and initial Last name Suff. Anusha Konchada 509 lindbergh place NE, Apt 701 Atlanta GA 30324					
f Employee's address and ZIP code					
15 State	Employer's state ID		18 Local wages, tips, etc		
OH	52633534		15161.76		
16 State wages, tips, etc.			19 Local income tax		
15161.76			318.40		
17 State income tax			20 Locality name		
530.66			Cincinnati		
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2019</b> Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
a Employee's SSA number 181-31-8586			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00448023		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14 Other			12c		
			12d		
e Employee's first name and initial Last name Suff. Anusha Konchada 509 lindbergh place NE, Apt 701 Atlanta GA 30324					
f Employee's address and ZIP code					
15 State	Employer's state ID		18 Local wages, tips, etc		
OH	52633534		15161.76		
16 State wages, tips, etc.			19 Local income tax		
15161.76			318.40		
17 State income tax			20 Locality name		
530.66			Cincinnati		
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2019</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
a Employee's SSA number 181-31-8586			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00448023		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14 Other			12c		
			12d		
e Employee's first name and initial Last name Suff. Anusha Konchada 509 lindbergh place NE, Apt 701 Atlanta GA 30324					
f Employee's address and ZIP code					
15 State	Employer's state ID		18 Local wages, tips, etc		
OH	52633534		15161.76		
16 State wages, tips, etc.			19 Local income tax		
15161.76			318.40		
17 State income tax			20 Locality name		
530.66			Cincinnati		
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2019</b> Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
a Employee's SSA number 181-31-8586			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00448023		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14 Other			12c		
			12d		
e Employee's first name and initial Last name Suff. Anusha Konchada 509 lindbergh place NE, Apt 701 Atlanta GA 30324					
f Employee's address and ZIP code					
15 State	Employer's state ID		18 Local wages, tips, etc		
OH	52633534		15161.76		
16 State wages, tips, etc.			19 Local income tax		
15161.76			318.40		
17 State income tax			20 Locality name		
530.66			Cincinnati		
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2019</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return					

FORM 4868 HAS BEEN FILED ELECTRONICALLY. THIS EXTENDS THE FILING DATE  
OF THE RETURN UNTIL OCTOBER 15, 2020.

NO PAYMENT IS REQUIRED.

FORM HAS BEEN ELECTRONICALLY  
FILED - KEEP FOR YOUR RECORDS

918711 06-10-19

▼ DETACH HERE ▼

Form <b>4868</b> Department of the Treasury Internal Revenue Service (99)		<b>Application for Automatic Extension of Time To File U.S. Individual Income Tax Return</b>		1019
For calendar year 2019, or other tax year beginning		, 2019, ending		<b>2019</b>
Part I	Identification	Part II	Individual Income Tax	
1	Your name(s) <b>ANUSHA KONCHADA C/O SONALI AGARWAL DELOITTE TOWERS, GACHIBOWLI HYDERABAD, TELANGANA 500032 INDIA</b>	4	Estimate of total tax liability for 2019 ..... \$	<b>17,098.</b>
		5	Total 2019 payments .....	<b>17,098.</b>
		6	Balance due. Subtract line 5 from line 4 .....	<b>0.</b>
		7	Amount you are paying .....	<b>0.</b>
2	Your social security number <b>181-31-8586</b>	3	Spouse's social security number	
		8	Check here if you are "out of the country" and a U.S. citizen or resident .....	<input type="checkbox"/>
		9	Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding .....	<input type="checkbox"/>

181318586 UY KONC 30 0 201912 670



**FEDERAL SCHEDULES MAY BE SUBMITTED IN LIEU OF SCHEDULES C, E AND H****SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN SEE INSTRUCTIONS  
BEFORE MAKING ENTRIES BELOW.**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital losses .....	\$		n. Capital gains .....	\$	
b. Expenses incurred in the production of non-taxable income ..			o. Interest income .....		
c. City or state income taxes .....			p. Dividends .....		
d. Net operating loss deduction per Federal Return .....			q. Employee Stock Options .....		
e. Payments to partners .....			r. Other (Explain) .....		
f. Contribution to a Retirement Plan (401K, SERP) .....					
g. Stock Options .....					
h. Other (Explain) .....					
m. Total Additions (enter as Line 4a above) .....	\$		z. Total Deductions (enter as Line 4b above) .....	\$	

**SCHEDULE C - PROFIT (Or Loss) FROM BUSINESS OR PROFESSION**

IF DIFFERENT FROM PAGE 1 Business Name &/or Address \_\_\_\_\_  
Kind of Business \_\_\_\_\_

Indicate method of accounting: ☐ Cash ☐ Accrual ☐ Other \_\_\_\_\_

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ \_\_\_\_\_

2. Less ☐ Cost of Goods Sold, or ☐ Cost of operations:  
Cost of Labor (per Sched. C of Federal Return) \$ \_\_\_\_\_  
Material, supplies & other costs includible \$ \_\_\_\_\_

3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) \_\_\_\_\_

4. DIVIDENDS \$ \_\_\_\_\_ ; INTEREST \$ \_\_\_\_\_ ; ROYALTIES \$ \_\_\_\_\_

5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS \_\_\_\_\_

6. OTHER BUSINESS INCOME (Specify) \_\_\_\_\_

7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

8. ADVERTISING AND PROMOTION \$ _____	17. a - COMPENSATION OF OFFICERS
9. AUTO, TRUCK AND TRAVEL _____	b - SALARIES AND WAGES <sup>NOT DEDUCTED</sup> _____
10. BAD DEBTS _____	c - PAYMENTS TO PARTNERS _____
11. REPAIRS AND MAINTENANCE _____	d - COMMISSIONS AND FEES _____
12. INTEREST ON BUSINESS INDEBTEDNESS _____	18. DEPRECIATION, AMORTIZATION _____
13. a - INCOME TAXES ON BUSINESS _____	19. RENTS (Paid to _____) _____
b - OTHER BUSINESS TAXES AND LICENSES _____	20. EMPLOYEE PENSIONS AND PROFIT SHARING PLANS _____
14. INSURANCE (Other than health) _____	21. OTHER (List type and amount) _____
15. SUPPLIES (Not deducted elsewhere) _____	22. TOTAL BUSINESS DEDUCTIONS (Total of lines 8 thru 21) \$ _____
16. UTILITIES _____	23. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 7 less Line 22) \$ _____

**24. SCHEDULE E - INCOME FROM RENTS (If not included in Schedule C.)**

KIND & LOCATION OF PROPERTY	RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES LIST TYPE/AMOUNT	NET INCOME/(LOSS)

NET INCOME (or loss) SCHEDULE E \$ \_\_\_\_\_

**25. SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, CAPITAL GAINS, ETC. (ATTACH COPY OF FORM K-1)		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H \$ \_\_\_\_\_

**26. TOTAL SCHEDULES C, E & H. ENTER AS LINE 2, PAGE 1** \$ \_\_\_\_\_

## **SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

	a. LOCATED EVERYWHERE	b. LOCATED IN CITY	c. PERCENTAGE (b ÷ a)
<b>STEP 1.</b> AVERAGE VALUE OF REAL & TANGIBLE PERS. PROP. GROSS ANNUAL RENTAL PAID MULTIPLIED BY 8 TOTAL STEP 1	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> %
<b>STEP 2.</b> WAGES, SALARIES, ETC. PAID EMPLOYEES	<hr/>	<hr/>	<hr/> %
<b>STEP 3.</b> GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	<hr/>	<hr/>	<hr/> %
<b>STEP 4.</b> TOTAL PERCENTAGES			<hr/> %
<b>STEP 5</b> AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used) ..... Carry to Line 5b, Page 1			<hr/> %

---

### **SCHEDULE Z - PARTNERS' INFORMATION**

---

IF STEP 5 OF SCHEDULE Y IS LESS THAN 100%, COPY OF FEDERAL FORM 1065, SCHEDULE K-1 FOR EACH PARTNER MUST BE PROVIDED.