

2019 TAX RETURN FILING INSTRUCTIONS

CINCINNATI 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	\$	0
Less: payments and credits	\$	318
Plus: interest and penalties	\$	0
Overpayment	\$	318

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	318

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Cincinnati Income Tax Division
P.O. Box 637876
Cincinnati, OH 45263-7876

Return Must Be Mailed On Or Before:

October 09, 2020

Special Instructions:

The return should be signed and dated by you.

**TO EXPEDITE PROCESSING,
PLEASE DO NOT STAPLE**

THIS SPACE IS FOR OFFICIAL USE ONLY

Individual Tax Return 2019

Tax Return is due by
April 15, 2020

City of Cincinnati

Income Tax Division
PO Box 637876
Cincinnati OH 45263-7876
Phone: (513) 352-2546
E-file available at:
<https://web2.civicacmi.com/Cincinnati>

Account Number:	Social Security Number: 181-31-8586	Please check all that apply: First year filer <input checked="" type="checkbox"/> Used Federal Sch C, E, F or K-1 <input type="checkbox"/> Athlete or Entertainer <input type="checkbox"/> Amended Return <input type="checkbox"/> Refund (Amount must be entered on Line 13 to be a valid refund request) <input checked="" type="checkbox"/> Account Should be Closed <input type="checkbox"/> Reason: _____
Name(s) ANUSHA	Spouse's SSN:	
	Email: KONCHADA	
Current Address: 9272 DEERCROSS PARKWAY APT. NO. 2D		
City/State/ZIP: BLUEASH OH 45236		
If part-year resident, indicate dates of Cincinnati residency: From _____ To _____		

Part A Tax Calculation	
1.	Total Qualifying Wages (Enclose W-2 Forms & Copy of Federal Tax Return) For Multiple W-2s Complete Worksheet A on Page 2 (Use W-2 Box 5, Not Box 1) \$
2.	Federal Form 2106 Expenses are no longer allowed (SEE IRS PUBLICATION 5307) XXXXXXXXXXXXXXXXXXXXXXXX
3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4.	Less Nontaxable Income (part year or non-residents only) (provide calculations) \$
5.	Taxable Qualified Wages (Line 1 minus Line 4) \$
6.	Other Income or (Loss) from Federal Sched. C, E, F, K-1, 1099-MISC, Form W-2G less Carryforward Loss claimed (Complete Worksheet B on page 2 and enclose copies of all Federal Schedules) \$
7.	Cincinnati Taxable Income (Line 5 plus Line 6) Losses on Line 6 do not offset W-2 Income from Line 5 \$ 0.
8.	Cincinnati Income Tax (Multiply Line 7 by 2.1% [.021]) \$ 0.
9a.	Cincinnati Tax Withheld (per W-2s) \$ 318.
9b.	Estimates Paid (including credit from a previous year) \$
9c.	Other Local Taxes Paid, Not to Exceed 2.1% (Enclose W-2s or Other City returns) \$
10.	Total Payments and Credits (Lines 9a + 9b + 9c) \$ 318.
11.	Tax Due (Subtract Line 10 from Line 8) (Amounts less than \$10.00 are not due) \$
12.	Overpayment (Line 10 greater than Line 8) \$ 318.
13.	Amount to be Refunded (Amounts less than \$10.00 will not be refunded) \$ 318.
14.	Credit to Next Year \$

Part B Declaration of Estimated Tax for 2020 Pay quarterly estimates to avoid future interest/penalty charges	
15.	Total Estimated Income Subject to Tax \$
16.	Cincinnati Estimated Income Tax Due (Multiply Line 15 by 2.1% [.021]) \$
17.	Estimated Taxes Withheld from Wages \$
18.	Estimated Tax Due after Withholding (Line 16 less Line 17) STOP if this amount is less than \$200.00 \$
19.	Quarter One Estimated Tax Due Before Credits (25% of Line 18) \$
20.	Less Credits (from Line 14 above) or Amounts Already Paid on this Year's Liability \$
21.	Net Estimated Tax Due if Line 19 Minus Line 20 is Greater Than Zero* \$
22.	TOTAL AMOUNT DUE - Combine Line 11 above with Line 21 (Make checks payable to "City of Cincinnati" or pay online at https://web2.civicacmi.com/Cincinnati) \$

*Subsequent estimated payments are due 06/15/20, 09/15/20 and 01/15/21

*Failure to remit timely estimated payments will result in the assessment of interest and penalties.

* If the total estimate due after applicable credits for 2020 is less than \$200.00, then no declaration is required.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

NIMA DAS

P01470073

Paid Preparer Name

PTIN

DELOITTE TAX SERVICES INDIA P

Name of Firm or Employer

**BPTP CREST, PLOT 15, UDYOG VI
GURGAON, HARYANA 122015 INDIA**

Address of Firm or Employer

Telephone Number

995581 12-16-19

(678) 299-3756

May the City Tax Division
discuss this return with the
preparer shown to the left?

☒ YES ☐ NO

Signature of Taxpayer or Agent


Date

Signature of Spouse


Date

Daytime Telephone Number

6th OCT 2020

44444	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		c Tax year/Form corrected <div style="text-align: center;">2019 / W-2</div>	d Employee's correct SSN <div style="text-align: center;">181-31-8586</div>				
		e 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 previously filed					
		f Employee's previously reported SSN					
b Employer's Federal EIN <div style="text-align: center;">06-1454513</div>		g Employee's previously reported name					
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		h Employee's first name and initial Anusha	Last name Konchada	Suff.			
		00448023 Anusha Konchada 9272 Deercross Parkway Apt #2D BlueAsh OH 45236					
Note: 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).		i Employee's address and ZIP code					
Previously reported		Correct information		Previously reported		Correct information	
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 <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12b	
14 Other (see instructions)		14 Other (see instructions)		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
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;">99725.83</div>		16 State wages, tips, etc. <div style="text-align: right;">95833.83</div>		16 State wages, tips, etc. <div style="text-align: right;">15161.76</div>		16 State wages, tips, etc. <div style="text-align: right;">19053.76</div>	
17 State income tax		17 State income tax		17 State income tax		17 State income tax	
Locality Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
18 Local wages, tips, etc.		18 Local wages, tips, etc.		<div style="text-align: right;">0.00</div>		<div style="text-align: right;">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	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		c Tax year/Form corrected <div style="text-align: center; font-size: 1.2em;">2019 / W-2</div>	d Employee's correct SSN <div style="text-align: center; font-size: 1.2em;">181-31-8586</div>				
		e 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 previously filed ▶					
		f Employee's previously reported SSN					
b Employer's Federal EIN <div style="text-align: center; font-size: 1.2em;">06-1454513</div>		g Employee's previously reported name					
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		h 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: 1.2em;"></div>			
		<div style="font-size: 0.8em;"> 00448023 Anusha Konchada 9272 Deercross Parkway Apt #2D BlueAsh OH 45236 </div>					
Note: 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).		i Employee's address and ZIP code					
Previously reported		Correct information		Previously reported		Correct information	
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	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State		15 State		15 State		15 State	
Employer's state ID number		Employer's state ID number		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc.		16 State wages, tips, etc.		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax		17 State income tax		17 State income tax		17 State income tax	
Locality Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
18 Local wages, tips, etc.		18 Local wages, tips, etc.		18 Local wages, tips, etc.		18 Local wages, tips, etc.	
15161.76		0.00					
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		20 Locality name	
Cincinnati		Cincinnati					

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 W-2 Wage and Tax Statement 2019 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 W-2 Wage and Tax Statement 2019 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 W-2 Wage and Tax Statement 2019 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 W-2 Wage and Tax Statement 2019 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 <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
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 OH	Employer's state ID 52633534	18 Local wages, tips, etc 15161.76	
16 State wages, tips, etc. 15161.76		19 Local income tax 318.40	
17 State income tax 530.66		20 Locality name Cincinnati	
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2019 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 <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
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 OH	Employer's state ID 52633534	18 Local wages, tips, etc 15161.76	
16 State wages, tips, etc. 15161.76		19 Local income tax 318.40	
17 State income tax 530.66		20 Locality name Cincinnati	
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2019 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 <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
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 OH	Employer's state ID 52633534	18 Local wages, tips, etc 15161.76	
16 State wages, tips, etc. 15161.76		19 Local income tax 318.40	
17 State income tax 530.66		20 Locality name Cincinnati	
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2019 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 <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
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 OH	Employer's state ID 52633534	18 Local wages, tips, etc 15161.76	
16 State wages, tips, etc. 15161.76		19 Local income tax 318.40	
17 State income tax 530.66		20 Locality name Cincinnati	
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2019 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 4868 Department of the Treasury Internal Revenue Service (99)		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		1019
For calendar year 2019, or other tax year beginning		, 2019, ending		2019
Part I	Identification	Part II	Individual Income Tax	
1 Your name(s) ANUSHA KONCHADA C/O SONALI AGARWAL DELOITTE TOWERS, GACHIBOWLI HYDERABAD, TELANGANA 500032 INDIA		4 Estimate of total tax liability for 2019 \$	17,098.	
		5 Total 2019 payments	17,098.	
		6 Balance due. Subtract line 5 from line 4	0.	
		7 Amount you are paying	0.	
2 Your social security number 181-31-8586	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

WORKSHEET A - SALARIES, WAGES, TIPS, AND OTHER COMPENSATION
(To be completed by taxpayers who receive W-2 income from more than one source)

****Enclose copies of all W-2s used to compute your local income****

Employer	City Where Employed	Qualifying Wages (Box 5 on W-2)	Cincinnati Tax Withheld (Box 19 on W-2)	Other City Tax Withheld (Box 19 on W-2)
DELOITTE CONSULTING LLP	CINCINNATI		318.	
Totals (Enter Total Qualifying Wages on Line 1, Page 1)			318.	

WORKSHEET B - BUSINESS INCOME or LOSS

****Enclose copies of all Federal Forms and Schedules used to compute your local income.****

	Schedules	Column A Income/(Loss) from Federal Schedules	Column B Cincinnati Percentage	Column C Cincinnati Taxable Income (Column A x Column B for lines 1 through 4)
1.	Schedule C - Business Income (A separate allocation schedule is required for each Schedule C).	\$	100.00% or (Step 5 of Schedule Y) %	\$
2.	Schedule E - Rental Income (Residents enter profit/loss from all properties. Nonresidents enter only profit/loss from Cincinnati properties).	\$	%	\$
3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold Cincinnati tax on entire distributive share)	\$	%	\$
4.	Miscellaneous Income - Other Income including 1099-MISC, W-2G & Schedule F	\$	100.00% or (Step 5 of Schedule Y) %	\$
5.	Allowable Net Operating Loss Deduction (Enter the amount claimed as a deduction in Column C) Also enclose a worksheet showing prior year losses for up to 5 years and amounts previously claimed. See form and example on website <i>Do Not enter this amount in Column C</i>			\$ XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6.	Total Income (Loss) (Combine Lines 1 through 5 and enter this amount on Page 1, Line 6)			\$

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

(To be completed by all nonresidents who earn a portion of their net profits in Cincinnati.)

	a. Located Everywhere	b. Located in Cincinnati	c. Percentage (b/a)
STEP 1. Average Original Cost of Real and Tangible Personal Property.			
Gross Annual Rent Paid Multiplied by 8			
TOTAL STEP 1			
STEP 2. Wages, Salaries, and Other Compensation Paid			
STEP 3. Gross Receipts from Sales Made and/or Work or Services Performed			
STEP 4. Total Percentages. (Add Percentages from Steps 1-3)			
STEP 5. Apportionment Percentage (Divide Total Percentage by Number of Percentages Used)			

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>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>	
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 1		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			
	Designee's name			Yes. Complete below.
	Phone no.			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 6th 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. BPTP CREST, PLOT 15, UDYOG VIHAR GURGAON, HARYANA 122015 INDIA		Phone no. (678) 299-3756	Firm's EIN 98-0432569

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

Form 1040 (2019)

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T DELOITTE CONSULTING 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.

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

ANUSHA KONCHADA

Your social security number

181-31-8586

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	23.
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	23.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

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

Schedule 3 (Form 1040 or 1040-SR) 2019