

# 2020 TAX RETURN FILING INSTRUCTIONS

BLUE ASH INCOME TAX RETURN

**FOR THE YEAR ENDING**

December 31, 2020

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**Prepared For:**

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

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**Prepared By:**

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

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**Amount of Tax:**

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

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**Overpayment:**

Not applicable

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**Make Check Payable To:**

Not applicable

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

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

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

April 15, 2021

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**Special Instructions:**

The return should be signed and dated by you.

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## BLUE ASH

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BLUE ASH

**Individual Tax Return**  
**2020 Form R**  
 Tax Return is due by  
**04/15/2021**

THIS SPACE IS FOR OFFICIAL USE ONLY

<b>PLEASE CHECK IF</b>	REFUND	
	CREDIT TO 2021	
	BALANCE DUE	
	AMENDED	
	EXTENSION FILED	
ATHLETE OR ENTERTAINER		

ACCOUNT NO.	ACCOUNT TYPE	SOCIAL SECURITY # / F.I.D. #
		181-31-8586

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

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 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. Otherwise Returns Will Be Questioned if all Lines Applicable to Taxpayer Are Not Completed.

<input checked="" type="checkbox"/> Single	Enter spouse's information for married-separate
<input type="checkbox"/> Married - Joint	Soc. Sec. # _____
<input type="checkbox"/> Married - Separate	Name _____
<input checked="" type="checkbox"/> Resident	Date Moved In _____
<input type="checkbox"/> Non-Resident	Date Moved Out _____
<input type="checkbox"/> Part-Year	Prior Address _____
Did you file a return for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Should your Tax account be inactivated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Reason: _____	

**TAX CALCULATION**

1a. Total Qualifying Wages and Other Compensation-- Worksheet A, Column 3, Totals	104,711.
b. Adjustments to Wages and Other Compensation-- Worksheet A-1, Totals	
c. Taxable Qualified Wages and Other Compensation-- Line 1a plus line 1b	104,711.
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 of current year NOL to carryforward	
d. Taxable Business Income-- Line 2c. If less than ZERO enter ZERO	
3. Net Operating Loss Carryforward-- Worksheet NOL-1, line 4c (Cannot exceed line 2d)	
4. Total Taxable Income-- Line 1c plus line 2d minus line 3	104,711.
5. <b>INCOME TAX</b> - 1.2500 % OF LINE 4	1,309.
6a. City Tax Withheld-- Worksheet A, Column 4, Totals, Worksheet B, Column 2, line 4, and Worksheet D, Column 5, line 7	1,299.
b. Estimated Tax Payments	
c. Extension Payment	
d. Credit for Taxes Paid to Other Cities-- Worksheet CR-2, line 9 (if applicable)	
e. Other Credits	
f. Total Payments and Credits-- Add line 6a through line 6e	1,299.
7. Balance of Tax After Payments and Credits-- Line 5 less line 6f. If positive continue to line 8. If negative continue to line 10	10.
8. If line 7 is greater than \$10, calculate interest and penalties due and total.	
Interest _____ + Payment Penalty _____ + Filing Penalty _____ =	
9. <b>BALANCE DUE</b> -- Line 7 plus line 8. If \$10 or less enter ZERO. Continue to line 11	
10. a. <b>OVERPAYMENT</b> -- Enter line 7 as a positive. If \$10 or less enter ZERO	
b. <b>CREDIT TO NEXT YEAR</b>	
c. <b>AMOUNT REFUNDED</b>	

**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 line 13. If this amount is less than \$200, <b>STOP</b>	
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's Liability	
17. Net Estimated Tax Due-- Line 15 less line 16. If less than ZERO enter ZERO	
18. <b>TOTAL AMOUNT DUE</b> -- Line 9 plus line 17	

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 with questions regarding the preparation of the return?

☒ Yes ☐ No

*K. Anusha*  
 SIGNATURE OF TAXPAYER OR AGENT 12th April 2021 DATE

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

**MAHESH DALAVAI** 03/30/2021  
 SIGNATURE OF PERSON PREPARING IF OTHER THAN TAX PAYER DATE

**DELOITTE TAX SERVICES INDIA PVT. LTD**  
**HYDERABAD, TELANGANA 500032 INDIA**  
**(678) 299-6000**  
 ADDRESS OR NAME, ADDRESS AND TELEPHONE NUMBER OF FIRM OR EMPLOYER

1 Wages, tips, other compensation			2 Federal Income tax withheld		
104431.40			16251.04		
3 Social security wages			4 Social security tax withheld		
104431.40			6474.75		
5 Medicare wages and tips			6 Medicare tax withheld		
104431.40			1514.26		
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 4153.24		
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 9272 Deercross Parkway Apt #2D BlueAsh OH 45236					
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		
7008.39					
17 State income tax			20 Locality name		
402.98					
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2020</b> Copy C for Employee's records					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
104431.40			16251.04		
3 Social security wages			4 Social security tax withheld		
104431.40			6474.75		
5 Medicare wages and tips			6 Medicare tax withheld		
104431.40			1514.26		
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 4153.24		
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 9272 Deercross Parkway Apt #2D BlueAsh OH 45236					
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		
7008.39					
17 State income tax			20 Locality name		
402.98					
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2020</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
104431.40			16251.04		
3 Social security wages			4 Social security tax withheld		
104431.40			6474.75		
5 Medicare wages and tips			6 Medicare tax withheld		
104431.40			1514.26		
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 4153.24		
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 9272 Deercross Parkway Apt #2D BlueAsh OH 45236					
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		
7008.39					
17 State income tax			20 Locality name		
402.98					
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2020</b> Copy B To Be Filed With Employee's FEDERAL Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
104431.40			16251.04		
3 Social security wages			4 Social security tax withheld		
104431.40			6474.75		
5 Medicare wages and tips			6 Medicare tax withheld		
104431.40			1514.26		
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 4153.24		
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 9272 Deercross Parkway Apt #2D BlueAsh OH 45236					
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		
7008.39					
17 State income tax			20 Locality name		
402.98					
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2020</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 <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 9272 Deercross Parkway Apt #2D BlueAsh OH 45236			
f Employee's address and ZIP code			
15 State OH	Employer's state ID 52633534	18 Local wages, tips, etc 103954.78	
16 State wages, tips, etc. 104431.40		19 Local income tax 1299.47	
17 State income tax 2953.70		20 Locality name Blue Ash	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2020</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 <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 9272 Deercross Parkway Apt #2D BlueAsh OH 45236			
f Employee's address and ZIP code			
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16 State wages, tips, etc. 104431.40		19 Local income tax 1299.47	
17 State income tax 2953.70		20 Locality name Blue Ash	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2020</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	
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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
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15 State OH	Employer's state ID 52633534	18 Local wages, tips, etc 103954.78	
16 State wages, tips, etc. 104431.40		19 Local income tax 1299.47	
17 State income tax 2953.70		20 Locality name Blue Ash	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2020</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 <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
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e Employee's first name and initial Last name Suff. Anusha Konchada 9272 Deercross Parkway Apt #2D BlueAsh OH 45236			
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15 State OH	Employer's state ID 52633534	18 Local wages, tips, etc 103954.78	
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17 State income tax 2953.70		20 Locality name Blue Ash	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2020</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			

**WORKSHEET A-- SALARIES, WAGES, TIPS, AND OTHER COMPENSATION**

Column 1	Column 2	Column 3	Column 4	Column 5	Dates Earned	
Employer	City Where Employed	Qualifying Wages	City Tax Withheld	Other City Tax Withheld	From/Win MM/DD	Thru MM/DD
SEE STATEMENT 1						
Totals		104,711.	1,299.			

**WORKSHEET A-1-- ADJUSTMENTS TO WAGES AND OTHER COMPENSATION**

Description	Adjustment Amount
Totals	

**WORKSHEET B-- BUSINESS, RENTAL, PASSTHROUGH, AND MISCELLANEOUS INCOME**

	Schedules	Column 1 Profit (Loss) from Federal Schedules	Column 2 City withholding from W2-G and 1099-MISC	Column 3 Schedule Y Reduction Amount	Column 4 City Taxable Income Column 1 - Column 3
1.	<b>Schedule C- Business Income</b> (Net profit (loss) from Schedule C's)				
2.	<b>Schedule E- Rental Income</b> (Net profit (loss) from rental properties)				
3.	<b>Schedule E- Partnership/Shareholder K-1</b> (Net profit (loss) from K-1's)				
4.	<b>Miscellaneous Income</b> (W2-G, 1099-MISC, Schedule F, Form 4797)				
5.	<b>Total Business Income-</b> Add Column 4, line 1 through line 4 and enter this amount on Page 1, line 2a				

**SCHEDULE Y-- BUSINESS APPORTIONMENT FORMULA**

BUSINESS NAME / DESCRIPTION		Worksheet B	<input type="checkbox"/> Line 1	<input type="checkbox"/> Line 4	Column 1 Located Everywhere	Column 2 Located in City	Column 3 Percentage (2+1)
<b>Step 1.</b>	Average Original Cost of Real & Tangible Personal Property .....						
	Gross Annual Rentals Multiplied by 8 .....						
	Total Step 1 .....						
<b>Step 2.</b>	Total wages, salaries, commissions and other compensation of all employees .....						
<b>Step 3.</b>	Gross receipts from sales made and work or services performed .....						
<b>Step 4.</b>	Total percentages (Total Steps 1 through 3) .....						
<b>Step 5.</b>	Average percentage (Divide Step 4 by the number of percentages used) .....						
<b>Step 6.</b>	Business income .....						
<b>Step 7.</b>	Apportioned business income (Step 6 multiplied by Step 5) .....						
<b>Step 8.</b>	Business income reduction amount (Step 6 less Step 7) .....						

**SCHEDULE X-- RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

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.	Contributions to Retirement (401K, SERP) .....				
g.	Stock Options .....				
h.	Other (Explain) .....				
m.	Total Additions .....		z.	Total Deductions .....	

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

Form

1040

Department of the Treasury - Internal Revenue Service

(99)

2020

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

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 your 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

Last name

Your social security number

ANUSHA

KONCHADA

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.

Apt. no.

9272 DEERCROSS PARKWAY

2D

City, town, or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

BLUEASH

OH

45236

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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

☐ You ☐ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

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, 1956 ☐ Are blind

Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ▶ ☐

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2

2a Tax-exempt interest

3a Qualified dividends

4a IRA distributions

5a Pensions and annuities

6a Social security benefits

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

8 Other income from Schedule 1, line 9

9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

10 Adjustments to income:

11 Subtract line 10c from line 9. This is your adjusted gross income

12 Standard deduction or itemized deductions (from Schedule A)

13 Qualified business income deduction. Attach Form 8995 or Form 8995-A

14 Add lines 12 and 13

15 Taxable income. Subtract line 14 from line 11.

STMT 2

104,711.

2b

3b

4b

5b

6b

7

8 0.

9 104,711.

10a

10b

10c

11 104,711.

12 12,400.

13

14 12,400.

15 92,311.

Attach Sch. B if required.

2b Taxable interest

b Ordinary dividends

b Taxable amount

b Taxable amount

b Taxable amount

Standard Deduction for -

Single or Married filing separately, \$12,400

Married filing jointly or Qualifying widow(er), \$24,800

Head of household, \$18,650

If you checked any box under Standard Deduction, see instructions.

If zero or less, enter -0-

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

Form 1040 (2020)



<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	16,238.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	16,238.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	16,238.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	
<b>24</b>	Add lines 22 and 23. This is your total tax	<b>24</b>	16,238.
<b>25</b>	Federal income tax withheld from:		
	a Form(s) W-2 SEE STATEMENT 3	<b>25a</b>	16,251.
	b Form(s) 1099	<b>25b</b>	
	c Other forms (see instructions)	<b>25c</b>	
	d Add lines 25a through 25c	<b>25d</b>	16,251.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your total other payments and refundable credits	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your total payments	<b>33</b>	16,251.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	<b>34</b>	13.
	<b>35a</b> Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	13.
Direct deposit? See instructions.	<b>b</b> Routing number 122100024 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 860275218		
<b>36</b>	Amount of line 34 you want applied to your 2021 estimated tax	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the amount you owe now	<b>37</b>	
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name MAHESH DALAVAI	Phone no. (678) 299-0505	Personal identification number (PIN) 57877
<b>Sign Here</b>	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 K. Anusha	Date 12th April, 2021	Your occupation SENIOR CONSULTANT
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Phone no.	Email address	
<b>Paid Preparer Use Only</b>	Preparer's name MAHESH DALAVAI	Preparer's signature MAHESH DALAVAI	Date 03/30/21
		PTIN P01617877	Check if: <input type="checkbox"/> Self-employed
Firm's name	DELOITTE TAX SERVICES INDIA PVT. LTD		Phone no. (678) 299-6000
Firm's address	DELOITTE TOWERS, SURVEY #41, GACHIBOWLI HYDERABAD, TELANGANA 500032 INDIA		Firm's EIN 98-0432569

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2020)

FORM 1040		WAGES RECEIVED AND TAXES WITHHELD				STATEMENT 2	
T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	DELOITTE CONSULTING LLP	104,431.	16,251.	3,357.	1,299.	6,475.	1,514.
T	DELOITTE CONSULTING LLP	280.					
TOTALS		104,711.	16,251.	3,357.	1,299.	6,475.	1,514.

FORM 1040		FEDERAL INCOME TAX WITHHELD - FORM(S) W-2		STATEMENT 3	
T					
S	DESCRIPTION				AMOUNT
-					
T	DELOITTE CONSULTING LLP				16,251.
TOTAL TO FORM 1040, LINE 25A				16,251.	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

**ANUSHA KONCHADA**

Your social security number

**181-31-8586**

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	STMT 4	STMT 5	<b>1</b>	0.
<b>2a</b>	Alimony received			<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶				
<b>3</b>	Business income or (loss). Attach Schedule C			<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797			<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F			<b>6</b>	
<b>7</b>	Unemployment compensation			<b>7</b>	
<b>8</b>	Other income. List type and amount ▶			<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			<b>9</b>	0.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings	<b>17</b>	
<b>18a</b>	Alimony paid	<b>18a</b>	
<b>b</b>	Recipient's SSN ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction	<b>19</b>	
<b>20</b>	Student loan interest deduction	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	<b>22</b>	

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

Schedule 1 (Form 1040) 2020

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

SCHEDULE 1		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT 5
		2018	2019
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			569.
LESS: 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		6,147.
3	TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C		
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 SCHEDULE A, LINE 5A		6,147.
6	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	SUBTRACT LINE 8 FROM LINE 2		569.
10	ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR 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	SUBTRACT LINE 12 FROM LINE 11		0.
14	ENTER THE SMALLER OF LINE 10 OR LINE 13.		0.
15	PRIOR YEAR TAXABLE INCOME		88,328.
16	AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15		
TOTAL TO SCHEDULE 1, LINE 1 (IF PRIOR YEAR REFUNDS, AMOUNT IS INCLUDED WITH STATEMENT SHOWING PRIOR YEAR REFUNDS)			0.