2020 TAX RETURN FILING INSTRUCTIONS

BLUE ASH INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2020

| Prepared F | or: | |
|------------|-----|--|
|------------|-----|--|

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

Prepared By:

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

Amount of Tax:

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

Overpayment:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

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

Return Must Be Mailed On Or Before:

April 15, 2021

Special Instructions:

The return should be signed and dated by you.

BLUE ASH

Individual Tax Return 2020 Form R

Tax Return is due by 04/15/2021

| PLEASE CHECK IF | REFUND | Ш | |
|-----------------|-----------------|---|--|
| | CREDIT TO 2021 | Ц | |
| | BALANCE DUE | Ц | |
| | AMENDED | Ц | |
| 1 | EXTENSION FILED | Ц | |
| ATHLETE | OR ENTERTAINER | | |

THIS SPACE IS FOR OFFICIAL USE ONLY

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

| ACCOUNT NO. ACCOUNT TYPE SOCIAL SECURITY : | # / F.I.D # X Single Enter spouse's information for married-separate |
|--|---|
| | |
| | Married - Separate Name |
| | |
| ANUSHA KONCHADA | Resident Date Moved In |
| 9272 DEERCROSS PARKWAY APT. NO. 2D | Non-Resident Date Moved Out |
| BLUEASH, OH 45236 | Part-Year Prior Address |
| | |
| E-Mail: Phone: Your Name, Address & Social Security # / F.I.D. # Are Printed above As They Appear On Our Records. | Did you file a return for 2019? Should your Tax account be inactivated? Did you file a return for 2019? Yes No |
| Corrections Where Necessary. Add Social Security # / F.I.D. # If Missing. Attach Copy of Federal Return Copy of Fe | |
| Schedules. Otherwise Returns Will Be Questioned if all Lines Applicable to Taxpayer Are Not Complet | ed. Reason: |
| TAX CALCULATION | |
| | n 3 Totals 104 711. |
| 1a. Total Qualifying Wages and Other Compensation Worksheet A, Columb. Adjustments to Wages and Other Compensation Worksheet A-1, Total | |
| c. Taxable Qualified Wages and Other Compensation- Worksheet A-1, Total | 4 4 4 - 4 4 |
| | |
| 2a. Business Income Worksheet B, line 5b. 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 | |
| 1 7 11 0 1 1 2 1 2 2 1 3 2 2 2 | |
| Net Operating Loss Carryforward Worksheet NOL-1, line 4c (Cannot e | vceed line 2d) |
| 4. Total Taxable Income: Line 1c plus line 2d minus line 3 | |
| 5. INCOME TAX - 1.2500 % OF L | |
| 6a. City Tax Withheld Worksheet A, Column 4, Totals, Worksheet B, Column 2, line 4, and W | 1 000 |
| b. Estimated Tax Payments Overpayment Applied | ···· |
| C. Extension Payment Paid (Refunded) on Original Return | |
| d. Credit for Taxes Paid to Other Cities Worksheet CR-2, line 9 (if applica | |
| e. Other Credits | |
| f. Total Payments and Credits Add line 6a through line 6e | |
| 7. Balance of Tax After Payments and Credits Line 5 less line 6f. If positive contin | 1.0 |
| 8. If line 7 is greater than \$10, calculate interest and penalties due and tot | al |
| Interest + Payment Penalty | + Filing Penalty = |
| 9. BALANCE DUE Line 7 plus line 8. If \$10 or less enter ZERO. Continue | |
| 10. a. OVERPAYMENT Enter line 7 as a positive. If \$10 or less enter ZER | 0 |
| b. CREDIT TO NEXT YEAR | c. AMOUNT REFUNDED |
| 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 lin | ne 13. If this amount is less than \$200, STOP |
| | |
| 16. Less Credits Line 10b above and Amounts Already Paid on this Year | · |
| 17. Net Estimated Tax Due Line 15 less line 16. If less than ZERO enter ZE | |
| 18. TOTAL AMOUNT DUE Line 9 plus line 17 | |
| I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATI | EMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND |
| COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TA | |
| if this return was prepared by a tax preparer, may we contact him/her with questions regarding the pre | |
| Yes Q No | MAHESH DALAVAI 03/30/2021 SIGNATURE OF PERSON PREPARING IF OTHER THAN TAX PAYER DATE |
| 2. April 2021 | DELOITTE TAX SERVICES INDIA PVT. LTD |
| SIGNATURE OF TAXPAYER OR AGENT DATE | HYDERABAD, TELANGANA 500032 INDIA |
| | (678) 299-6000 |
| SIGNATURE OF SPOUSE (IF JOINT) DATE | ADDRESS OR NAME, ADDRESS AND TELEPHONE NUMBER OF FIRM OR EMPLOYER |

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

| 3 Social security wages | 4 Social security tax withheld | 3 Social security wages | 4 Social security tax withheld |
|---|--|---|--|
| 5 Medicare wages and tips | 6 Medicare tax withheld | 5 Medicare wages and tips | 6 Medicare tax withheld |
| a Employee's SSA number | Employer use only | a Employee's SSA number | Employer use only |
| 181-31-8586 | | 181-31-8586 | |
| b Employer's FED ID number 06-1454513 | d Control number 00448023 | b Employer's FED ID number 06-1454513 | d Control number 00448023 |
| c Employer's name, address, and ZIP code | 00440023 | c Employer's name, address, and ZIP code | 00440023 |
| Deloitte Consulting LLP | | Deloitte Consulting LLP | |
| 4022 Sells Drive | | 4022 Sells Drive | |
| Hermitage TN 37076-2903 | 3 | Hermitage TN 37076-290 | 3 |
| | | | |
| | 10.10 | | |
| 7 Social security tips | 8 Allocated tips | 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits | 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 | 11 Nonqualified plans | 12a See instructions for box 12 |
| 13 Statutory Retirement Third-Party Employee plan Sick pay | 12b | 13 Statutory Retirement Third-Party Sick pay | 12b |
| | | | |
| 14 Other | 12c | 14 Other | 12c |
| | 12d | | 12d |
| e Employee's first name and initial Last na | ame Suff. | e Employee's first name and initial Last n | ame Suff. |
| Anusha Konchada | | Anusha Konchada | dine Sun. |
| 9272 Deercross Parkway | Apt #2D | 9272 Deercross Parkway | Apt #2D |
| BlueAsh OH 45236 | | BlueAsh OH 45236 | |
| f Employee's address and ZIP code | | f Employee's address and ZIP code | |
| 15 State Employer's state ID OH 52633534 | 18 Local wages, tips, etc 103954.78 | 15 State Employer's state ID OH 52633534 | 18 Local wages, tips, etc 103954.78 |
| 16 State wages, tips, etc. | 19 Local income tax | 16 State wages, tips, etc. | 19 Local income tax |
| 104431.4 | 20 Locality name | 104431.4 | 20 Locality name |
| 17 State income tax | | 2053 7 | 70 Blue Ash |
| 17 State income tax 2953.7 | 0 Blue Ash | Form OMB No 15/5-0008 | |
| 17 State income tax 2953.7 | 0 Blue Ash Dept. of the Treasury - Internal Revenue Service. This information is being furnished to | Form OMB. No. 1545-0008 | Dent of the Treasury - Internal Revenue |
| 17 State income tax 2953.70 Form OMB. No. 1545-0008 Wage and Tax Statement 20 | 0 Blue Ash Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and | W-2 Wage and Tax Statement 20 | Dept. of the Treasury - Internal Revenue Service |
| 17 State income tax 2953.7 | Dept. of the Treasury - Internal Revenue | Form OMB. No. 1545-0008 | Dept. of the Treasury - Internal Revenue Service |
| 17 State income tax 2953.70 Form OMB. No. 1545-0008 Wage and Tax Statement 20 | Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 2 Federal Income tax withheld | W-2 Wage and Tax Statement 20 | Dept. of the Treasury - Internal Revenue Service |
| 17 State income tax 2953.70 Form OMB. No. 1545-0008 Wage and Tax Statement Copy C for Employee's records 1 Wages, tips, other compensation | Dept. of the Treasury - Internal Revenue Service. This information is being furmished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 2 Federal Income tax withheld | W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Inco | Dept. of the Treasury - Internal Revenue Service ome Tax Return 2 Federal Income tax withheld |
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| To State income tax 2953.7 Form OMB. No. 1545-0008 W-2 Wage and Tax Statement Copy C for Employee's records 1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number 181-31-8586 b Employer's FED ID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903 | Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a regiligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00448023 | W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Inco 1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number 181-31-8586 b Employer's FED ID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-290 | Dept. of the Treasury - Internal Revenue Service Service Dome Tax Return 2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00448023 |
| 17 State income tax 2953.7 Form OMB. No. 1545-0008 W-2 Wage and Tax Statement Copy C for Employee's records 1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number 181-31-8586 b Employer's PED ID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903 7 Social security tips 9 11 Nonqualified plans | Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a regiligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00448023 | W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Incompany 20 1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's SSA number 181-31-8586 b Employer's FED IID number 06-1454513 c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-290 7 Social security tips 9 11 Nonqualified plans | Dept. of the Treasury - Internal Revenue Service Dept. of the Treasury - Internal Revenue Service Dept. of the Treasury - Internal Revenue Service Dept. of the Treasury - Internal Revenue Service 2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00448023 |
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WORKSHEET A-- SALARIES, WAGES, TIPS, AND OTHER COMPENSATION
Column 2 Column 3 Column 4

| | Colur | nn 2 | Col | umn 3 | Colun | nn 4 | Column 5 | Dates | Earned |
|--|---|---|---|---|---------------------|----------------------|---------------------------|---------------------|----------------|
| Employer | City Where | Employed | Qualify | ing Wages | City Tax W | /ithheld | Other City Tax Withhel | | Thru MM/D[|
| SEE STATEMENT 1 | | | | | - | | | | |
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| Totals | | | 10 | 4,711. | 1, | 299. | | | |
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| <u>wo</u> | RKSHEET A-1- | | | AGES AND | OTHER CO | MPENS | ATION | Λ al:at.aa a.at | A |
| | | Descript | lion | | | | | Adjustment | Amount |
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| Totals | | | | | | | | | |
| | | | | | | | - | | |
| WORKSH | IEET B BUSIN | ESS, RENTA | AL, PASSTI | IROUGH, AI | ND MISCEL | LANEOL | JS INCOME | | |
| | | Colun | nn 1 | Colun | nn 2 | C | olumn 3 | Column | 4 |
| | | Profit (Lo | oss) from | City withho | lding from | So | chedule Y | City Taxable | Incom |
| Schedules | | Federal | Schedules | W2-G and | 1099-MISC | Reduc | tion Amount | Column 1 - 0 | Column |
| Schedule C- Business Income | | | | | | | | | |
| (Net profit (loss) from Schedule C | ·'s) | | | | | | | | |
| Schedule E- Rental Income | - 4!> | | | | | | | | |
| (Net profit (loss) from rental properSchedule E- Partnership/Share | <u> </u> | | | | | | | | |
| (Net profit (loss) from K-1's) | siloider K- i | | | | | | | | |
| Miscellaneous Income | | | | | | | | | |
| 4. (W2-G, 1099-MISC, Schedule F, F | Form 4797) | | | | | | | | |
| 5. Total Business Income - Add Co | | rough line 4 | and enter th | nis amount o | n Page 1. lin | e 2a | | | |
| | | | | | | | - | | |
| | SCHED | IIIEV DII | | | CNT CODA | II A | | | |
| DUDINEGO NAME / DECODIDITION | 301150 | OLE Y BU | SINESS AP | <u>PORTIONM</u> | ENT FURIM | <u> </u> | | | |
| BUSINESS NAME / DESCRIPTION W | /orksheet B | Line 1 | Line 4 | Colum Colum | | l | olumn 2 | Column | 3 |
| W | orksheet B | Line 1 | Line 4 | Colun | | C | olumn 2 ated in City | Column Percentag | |
| W tep 1. Average Original Cost of Rea | orksheet B | Line 1 | Line 4 | Colun | nn 1 | C | | | |
| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip | /orksheet B al & Tangible Per | Line 1 | Line 4 | Colun | nn 1 | C | | | |
| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 | /orksheet B | Line 1 | Line 4 | Colun | nn 1 | C | | | |
| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 tep 2. Total wages, salaries, comm | /orksheet B al & Tangible Per blied by 8 | Line 1 | Line 4 | Colun | nn 1 | C | | | |
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| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 tep 2. Total wages, salaries, commemployees tep 3. Gross receipts from sales matep 4. Total percentages (Total Step 4. Average percentage (Divide tep 5. Average percentage (Divide tep 6. Business incomemplement tep 7. Apportioned business incomemplement tep 8. Business income reduction and tep 8. Summers of the salar summers of | Al & Tangible Per colied by 8 | Line 1 rsonal Proper er compensat services per umber of pero lied by Step ess Step 7) RECONCILIA ADD | tion of all centages us 5) | Colum Located E | INCOME TA | Co Loca | ated in City | Percentag | <u>e (2+1)</u> |
| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 tep 2. Total wages, salaries, commemployees tep 3. Gross receipts from sales matep 4. Total percentages (Total Step 5. Average percentage (Divide tep 6. Business incomemployees and tep 7. Apportioned business incomemployees are 7. Apportioned business incomemployees are 8. Business income reduction are 8. Significant of the production of the production of non-taxing salarity and | Al & Tangible Per al & Tangible Per blied by 8 | Line 1 rsonal Proper er compensati services per umber of pero lilied by Step ess Step 7) RECONCILIA ADD | tion of all centages us 5) | ed) FEDERAL Capital Gains Interest Incon | INCOME TA | Co Loca | elted in City | Percentag | <u>e (2+1)</u> |
| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 tep 2. Total wages, salaries, commemployees tep 3. Gross receipts from sales mater 4. Total percentages (Total Step 5. Average percentage (Divide tep 6. Business incomemployees and tep 7. Apportioned business incomemployees are 7. Apportioned business incomemployees are 8. Business incomemployees are 9. Significant of the 10 step 10 | Al & Tangible Per al & Tangible Per blied by 8 | Line 1 rsonal Proper er compensat services per umber of pero lied by Step ess Step 7) RECONCILIA ADD | tion of all centages us ATION WITH | ed) I FEDERAL Capital Gains Interest Incon | INCOME TA | Co Loca | RN | Percentag | <u>e (2+1)</u> |
| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 | Al & Tangible Per al & Tangible Per blied by 8 | Line 1 rsonal Proper er compensation services per umber of pero lied by Step ess Step 7) RECONCILIA ADD | tion of all formed centages us Tion with | ed) FEDERAL Capital Gains Interest Incon Dividends Employee Sto | INCOME TA ITEMS NO | X RETU | RN | Percentag | <u>e (2+1)</u> |
| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 tep 2. Total wages, salaries, commemployees tep 3. Gross receipts from sales matep 4. Total percentages (Total Step 5. Average percentage (Divide tep 6. Business incomement tep 7. Apportioned business incomement tep 8. Business income reduction at tep 8. Business income reduction at tep 8. Signature of the production of tep 8. Expenses incurred in the production of non-tax City or state income taxes Net operating loss deduction per Federal Return Payments to partners. | Al & Tangible Per colied by 8 colied by 8 colied by 8 colied by 8 colied and work or cole 1 through 3 colied and work or cole 1 through 3 colied amount (Step 6 lamount (Step | Line 1 rsonal Proper er compensati services per umber of pero lied by Step ess Step 7) RECONCILIA ADD | tion of all formed centages us ATION WITH | ed) FEDERAL Capital Gains Interest Incon Dividends Employee Sto | INCOME TA ITEMS NO | X RETU | RN | Percentag | <u>e (2+1)</u> |
| Gross Annual Rentals Multip Total Step 1 Step 2. Total wages, salaries, commenployees Gross receipts from sales many sales and step 4. Total percentages (Total Step 5. Average percentage (Divide Step 6. Business income step 7. Apportioned business income Business income reduction at step 8. Business income reduction at step 8. Expenses incurred in the production of non-tax City or state income taxes Net operating loss deduction per Federal Return Payments to partners Contributions to Retirement (401K, SERP) | Al & Tangible Per colied by 8 | Line 1 rsonal Proper er compensation services per umber of pero lied by Step ess Step 7) RECONCILIA ADD | tion of all formed centages us ATION WITH | ed) FEDERAL Capital Gains Interest Incon Dividends Employee Sto | INCOME TA ITEMS NO | X RETU | RN | Percentag | <u>e (2+1)</u> |
| Step 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 Step 2. Total wages, salaries, commemployees Step 3. Gross receipts from sales managements and the step 5. Average percentage (Divide Step 6. Business incomember 9. Step 8. Business incomember 9. Business incomember 9. Business incomember 9. Step 9. Step 9. Step 9. Stock Options 9. Stock Option | Al & Tangible Per colied by 8 | Line 1 rsonal Proper er compensat services per umber of pero lied by Step ess Step 7) RECONCILIA ADD | tion of all formed centages us ATION WITH | ed) FEDERAL Capital Gains Interest Incon Dividends Employee Sto | INCOME TA ITEMS NO | X RETU | RN | Percentag | <u>e (2+1)</u> |
| Step 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 Step 2. Total wages, salaries, commemployees Step 3. Gross receipts from sales managements and percentages (Total Step 4. Total percentages (Total Step 5. Average percentage (Divide Step 6. Business incomember 3. Business incomember 3. Business income reduction and Step 7. Apportioned business incomember 3. Step 8. Business income reduction and Step 8. Expenses incurred in the production of non-tage City or state income taxes Net operating loss deduction per Federal Return Payments to partners Contributions to Retirement (401K, SERP) | Al & Tangible Per colied by 8 | Line 1 rsonal Proper er compensat services per umber of pero lied by Step ess Step 7) RECONCILIA ADD | tion of all formed centages us ATION WITH | ed) FEDERAL Capital Gains Interest Incon Dividends Employee Sto | INCOME TA ITEMS NO | X RETU | RN | Percentag | <u>e (2+1)</u> |
| tep 1. Average Original Cost of Rea Gross Annual Rentals Multip Total Step 1 tep 2. Total wages, salaries, commemployees tep 3. Gross receipts from sales matep 4. Total percentages (Total Step 5. Average percentage (Divide tep 6. Business incomemployees and tep 7. Apportioned business incomemployees are a Business incomemployees. Solution 1. Selection | Al & Tangible Per colied by 8 | Line 1 rsonal Proper er compensat services per umber of pero lied by Step ess Step 7) RECONCILIA ADD | tion of all formed centages us ATION WITH | ed) FEDERAL Capital Gains Interest Incon Dividends Employee Sto | INCOME TA ITEMS NO | X RETU | RN | Percentag | <u>e (2+1)</u> |

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

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

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

Department of the Treasury - Internal Revenue Service

Form 1040 (2020

15

| Form 1040 (2020) | ANU | JSHA KONCHADA | | | | 181-3 | 1-8586 | | Page |
|--------------------------------------|----------------|--|---------------------|--------------------|-----------------|--------------------|--------------------------|------------|---|
| | 16 | Tax (see instructions). Check if | any from Form | (s): 1 8814 | 2 49 | | | 16 | 16,238 |
| | 17 | Amount from Schedule 2, line | | | | | | 17 | |
| | 18 | | | | | | | 18 | 16,238 |
| | 19 | Child tax credit or credit for of | ther dependent | s | | | | 19 | |
| | 20 | Amount from Schedule 3, line | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. | If zero or less, e | enter -0- | | | | 22 | 16,238 |
| | 23 | Other taxes, including self-em | ployment tax, f | rom Schedule | 2, line 10 | | | 23 | |
| | 24 | Add lines 22 and 23. This is ye | our total tax | | | | | 24 | 16,238 |
| | 25 | Federal income tax withheld for | | | | | | | |
| | а | Form(s) W-2 | SEE STA | TEMENT | 3 25 | a 1 | 6,251. | | |
| | b | Form(s) 1099 | | | 25 | b | | | |
| | С | Other forms (see instructions) | | | 25 | С | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 16,251 |
| If you have a | 26 | 2020 estimated tax payments | and amount ap | oplied from 20 | 19 return | | | 26 | |
| qualifying child attach Sch. EIC | | Earned income credit (EIC) | | | | , | | | |
| If you have | 28 | Additional child tax credit. Att | ach Schedule 8 | 8812 | 28 | 3 | | | |
| nontaxable combat pay, se | e 29 | American opportunity credit fr | | | |) | | | |
| instructions | 30 | Recovery rebate credit. See in | | | |) | | | |
| | 31 | Amount from Schedule 3, line | | | | | | | |
| | 32 | Add lines 27 through 31. Thes | | | | | | 32 | |
| | 33 | Add lines 25d, 26, and 32. The | | | | | | 33 | 16,251 |
| Refund | 34 | If line 33 is more than line 24, | | | | | verpaid | 34 | 13 |
| D: | 35 a | Amount of line 34 you want re | | | | | ▶∐ | 35a | 13 |
| Direct deposit? See instructions. | ▶ b | Routing number 1221000 | | | c Type: | X Checking | Savings | | |
| | ▶ d | | | | | 1 | | | |
| | 36 | Amount of line 34 you want a | | | | | | | <u> </u> |
| Amount | 37 | Subtract line 33 from line 24. | | | | | | 37 | |
| You Owe | | Note: Schedule H and Sched | | • | - | all of the taxes y | ou owe for | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 12 | • | | . 1 | 1 | | | |
| instructions. | | Estimated tax penalty (see ins | | | | | | | |
| Third Party | | you want to allow another pers | | | | | | | П., |
| Designee | | tructions | | | | ▶ 🔼 Yes | . Complete belo | | ∐ No |
| | | ^{ignee's} ne ▶MAHESH DALAVA | _ | Phone / | 670\ | 299-0505 | Personal iden | tification | ▶57877 |
| | nan Und | ler penalties of perjury, I declare that I have | | | | | | nowled | |
| Sign | | ect, and complete. Declaration of preparer r signature | (other than taxpaye | | | | y knowledge. | • | If the IRS sent you an Ident |
| Here | | r signature | | 12th April, | Tour occupi | 20011 | | | Protection PIN, enter it here |
| 11010 | | K. Hans | | 2021 | SENTO | R CONSUL | יידא גייי. | | (see inst.) |
| | Spc | use's signature. If a joint return, both me | ust sign. | Date | Spouse's or | | 1 7 7 1 1 | | If the IRS sent your spouse |
| Joint return? See instructions. | | , , | Ü | | | | | | an Identity Protection PIN, enter it here (see inst.) |
| Keep a copy for your records. | | | | | | | | | enter it here (see inst.) |
| | - Dhe | ne no. | | Email address | | | | | |
| Paid | Preparer' | | Preparer's signatu | | | Date | PTIN | | |
| Preparer | | | | | | | | | Check if: |
| Use Only | мант | ESH DALAVAI | MAHESH : | T & 77 & T & C | | 03/30/21 | P01617 | 877 | Colf amplayed |
| - | TATIL | INII DUNUVA | . 110 تا الدعدم | NUTU AUT | | 00/00/21 | . _F 0 1 0 1 / | | Self-employed ne no. |
| Firm's DF | יד. | TTE TAX SERVICES | TNDTA | ייי.ד יייעעכ |) | | | | 78) 299-6000 |
| | | TTE TOWERS, SURV | | | | | | 1, 0 | Firm's EIN |
| Firm's address HYDE | | | - | | / • • • · · · · | | | | 98-0432569 |
| O- 1- | <u>-,,,,,,</u> | to to for instructions and the | a latast informa | - | | | | | |

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

Form **1040** (2020)

| FORM 1040 | STATEMENT 2 | | | | | |
|---|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
| T DELOITTE CONSULTING LLP T DELOITTE CONSULTING LLP | 104,431. | 16,251. | 3,357. | 1,299. | 6,475. | 1,514. |
| TOTALS | 104,711. | 16,251. | 3,357. | 1,299. | 6,475. | 1,514. |
| FORM 1040 FE | DERAL INCOME | TAX WITHHE | ELD - FORM | (S) W-2 | STATI | EMENT 3 |
| T S DESCRIPTION | | | | | AN | MOUNT |
| T DELOITTE CONSULTING | LLP | | | | | 16,251. |
| TOTAL TO FORM 1040, LI | NE 25A | | | | | 16,251. |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Seguence No. 01

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

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

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

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

Schedule 1 (Form 1040) 2020

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

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