

2020 TAX RETURN FILING INSTRUCTIONS

GEORGIA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

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	\$	208
Less: payments and credits	\$	403
Plus: interest and penalties	\$	0
Overpayment	\$	195

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	195

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the GA DOR, please sign, date, and return Form GA 8453 to our office. We will then submit your electronic return to the GA DOR.

Return Must Be Mailed On Or Before:

Return Form GA 8453 to us by March 31, 2021.

Special Instructions:

Your refund will be deposited directly into your account ending in 5218.

ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.

IRS DCN OR SUBMISSION ID

[illegible]☐ Amended Return

First Name and Initial ANUSHA	Last Name KONCHADA	Social Security Number 181-31-8586
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home Address (number and street) 9272 DEERCROSS PARKWAY	Apt Number 2D	Daytime Telephone Number
City, Town or Post Office BLUEASH	State OH	ZIP Code 45236

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	104,711
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	6,520
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	208
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	195

DECLARATION OF TAXPAYER(S)

<p>SIGN HERE</p> <hr/> <p>TAXPAYER'S SIGNATURE</p> <p><u>ANUSHA KONCHADA</u></p> <p>PRINT NAME</p>	<p>SPOUSE'S SIGNATURE (if joint return, both must sign)</p> <hr/> <p>EMAIL ADDRESS</p>
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DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

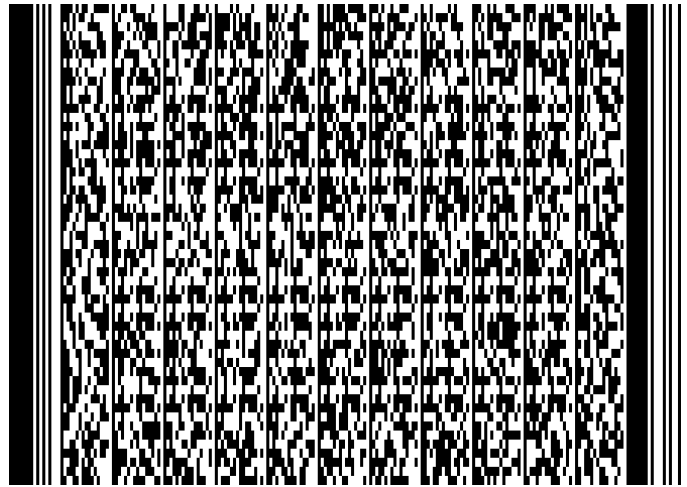
ERO's Use Only	ERO's Signature <u>MAHESH DALAVAI</u>	Date <u>03/30/21</u>
	Firm's Name <u>DELOITTE TAX SERVICES INDIA PVT. LTD</u>	Check also if paid preparer <input checked="checked" type="checkbox"/>
	Address <u>DELOITTE TOWERS, SURVEY #41, GACHIBOWL</u>	FEIN/PTIN <u>98-0432569</u>
	City, State, & ZIP Code <u>HYDERABAD 500032 INDIA</u>	SSN/TIN <u>P01617877</u>

Paid Preparer's Use Only	Paid Preparer's Signature _____	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	City, State, & ZIP Code _____	

KEEP A COPY WITH YOUR RECORDS



2100415012

**Georgia Form 500** (Rev. 06/20/20)

Individual Income Tax Return

Georgia Department of Revenue

2020 (Approved software version)**Page 1**Fiscal Year
Beginning 01/01/2020STATE OH
ISSUEDFiscal Year
Ending 12/31/2020YOUR DRIVER'S
LICENSE/STATE ID 061091815YOUR FIRST NAME
1. ANUSHAMI YOUR SOCIAL SECURITY NUMBER
181-31-8586LAST NAME (For Name Change See IT-511 Tax Booklet)
KONCHADA

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS
2. 9272 DEERCROSS PARKWAY HAS CHANGED

APT. 2D

CITY (Please insert a space if the city has multiple names)
3. BLUEASHSTATE ZIP CODE
OH 45236

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT- 511 Tax Booklet) 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☐ 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a.

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ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
181-31-8586

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7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040) 8. **104711**
(Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.
11. Standard Deduction (Do not use **FEDERAL STANDARD DEDUCTION**) 11a.
(See IT-511 Tax Booklet)
- | | | | | |
|--|---------------------------------|-------|----------|------|
| b. Self: 65 or over? <input type="checkbox"/> | Blind? <input type="checkbox"/> | Total | x 1,300= | 11b. |
| Spouse: 65 or over? <input type="checkbox"/> | Blind? <input type="checkbox"/> | | | |
| c. Total Standard Deduction (Line 11a + Line 11b) 11c. | | | | |
| Use EITHER Line 11c OR Line 12c (Do not write on both lines) | | | | |
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**
- | |
|--|
| a. Federal Itemized Deductions (Schedule A - Form 1040) 12a. |
| b. Less adjustments: (See IT-511 Tax Booklet) 12b. |
| c. Georgia Total Itemized Deductions 12c. |
13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.



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14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D	14a.	
or multiply by \$3,700 for filing status B or C		
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	6520
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	6520
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	208
17. Low Income Credit	17a.	17b.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	208

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 061454513	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID 2214871HF	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 7008	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 403	5. GA TAX WITHHELD	5. GA TAX WITHHELD



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(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. **Georgia Income Tax Withheld on Wages and 1099s** 23. **403**
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. **Other Georgia Income Tax Withheld** 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. **Estimated Tax paid for 2020 and Form IT-560** 25.
26. **Schedule 2B Refundable Tax Credits** 26.
(Cannot be claimed unless filed electronically)
27. **Total prepayment credits (Add Lines 23, 24, 25 and 26)** 27. **403**
28. **If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter**
balance due 28.
29. **If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter**
overpayment 29. **195**
30. **Amount to be credited to 2021 ESTIMATED TAX** 30.
31. **Georgia Wildlife Conservation Fund (No gift of less than \$1.00)** 31.
32. **Georgia Fund for Children and Elderly (No gift of less than \$1.00)** 32.
33. **Georgia Cancer Research Fund (No gift of less than \$1.00)** 33.
34. **Georgia Land Conservation Program (No gift of less than \$1.00)** 34.
35. **Georgia National Guard Foundation (No gift of less than \$1.00)** 35.
36. **Dog & Cat Sterilization Fund (No gift of less than \$1.00)** 36.
37. **Saving the Cure Fund (No gift of less than \$1.00)** 37.
38. **Realizing Educational Achievement Can Happen (REACH) Program** 38.
(No gift of less than \$1.00)

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ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2020



YOUR SOCIAL SECURITY NUMBER
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39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.
40. Form 500 UET (Estimated tax penalty) ☒ 500 UET exception attached 40.
41. (If you owe) Add Lines 28, 31 thru 40 41.

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42. **195**

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

- 42a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☒ Savings ☐
Routing Number 122100024
Account Number 860275218

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/we declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.
Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature ☐ (Check box if deceased)

Spouse's Signature ☐ (Check box if deceased)

Date

Date

Taxpayer's Phone Number

☒ I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

MAHESH DALAVAI

Signature of Preparer

Name of Preparer Other Than Taxpayer

MAHESH DALAVAI

Preparer's Firm Name

DELOITTE TAX SERVICES IND

Preparer's Phone Number

678-299-6000

Preparer's FEIN

98-0432569

Preparer's SSN/PTIN/SIDN

P01617877

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ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



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YOUR SOCIAL SECURITY NUMBER
181-31-8586

2020 (Approved software version)

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)		INCOME NOT TAXABLE TO GEORGIA (COLUMN B)		GEORGIA INCOME (COLUMN C)	
1. WAGES, SALARIES, TIPS, etc	104711	1. WAGES, SALARIES, TIPS, etc	97703	1. WAGES, SALARIES, TIPS, etc	7008
2. INTEREST AND DIVIDENDS		2. INTEREST AND DIVIDENDS		2. INTEREST AND DIVIDENDS	
3. BUSINESS INCOME OR (LOSS)		3. BUSINESS INCOME OR (LOSS)		3. BUSINESS INCOME OR (LOSS)	
4. OTHER INCOME OR (LOSS)		4. OTHER INCOME OR (LOSS)		4. OTHER INCOME OR (LOSS)	
5. TOTAL INCOME: TOTAL LINES 1 THRU 4	104711	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	97703	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	7008
6. TOTAL ADJUSTMENTS FROM FORM 1040		6. TOTAL ADJUSTMENTS FROM FORM 1040		6. TOTAL ADJUSTMENTS FROM FORM 1040	
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1		7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1		7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	104711	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	97703	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	7008
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio <input type="checkbox"/> Enter percentage		9. 6.69		% Not to exceed 100%	
10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized <input type="checkbox"/> (See IT-511 Tax Booklet)		10a. 4600			
10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total X 1,300 =		10b.			
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)					
11a. Enter the number on Line 6c. from Form 500 or 500X 1 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C		11a. 2700			
11b. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000		11b.			
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b		12. 7300			
13. Multiply Line 12 by Ratio on Line 9 and enter result		13. 488			
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X		14. 6520			



☐ Meets Exception 4 for
an estate of a decedent
or a testamentary trust

For tax years 2019 and later

(Attach this form to Form 500 or 501)

HOW TO FIGURE YOUR UNDERPAYMENT

(Complete Lines 1 through 6)

YOUR FIRST NAME		SOCIAL SECURITY OR I.D. NUMBER	
ANUSHA		181 31 8586	
LAST NAME			
KONCHADA			
1. Tax (from Form 500 Line 16 or Form 501 Line 8)	1.	208	
2. Credits Used (from Form 500 Line 21 and Line 26 or Form 501 Line 9c and Line 11c)	2.		
3. Balance Due (Line 1 less Line 2)	3.	208	
4. Enter 100% of the Immediately Preceding Year's Tax (return must be for a 12-month period)	4.	4516	
5. Enter 70% of the Amount Shown on Line 3	5.	146	

DUE DATE OF INSTALLMENTS

	JULY 15, 2020	JULY 15, 2020	SEPT. 15, 2020	JAN. 15, 2021
6. Divide amount on Line 4 by the number of installments required for the year (See Instruction B), enter the results in appropriate columns	6. 1129	1129	1129	1129
7. Divide amount on Line 5 by the number of installments required for the year (See Instruction B), enter the results in the appropriate column	7. 37	37	37	35
8. Enter the lesser of Line 6 or Line 7 for each period in the appropriate column	8. 37	37	37	35
9. Amounts paid on estimate for each period and tax withheld (withheld treated equally paid for each quarter)	9. 202		101	100
10. Overpayment of previous installment (See Instruction E)	10.	165	128	192
11. Total of Line 9 and Line 10	11. 202	165	229	292
12. Underpayment (Line 8 less Line 11) or Overpayment (Line 11 less Line 8)	12. -165	-128	-192	-257

EXCEPTIONS WHICH AVOID THE PENALTY (See Instruction D)

(Farmers and fishermen see Instruction G for special exception)

13. Total amount paid and withheld from Jan. 1, through the installment date indicated (withheld treated equally paid for each quarter)	13.	202	202	303	403
14. Exception 1. - Tax on prior years income current year rates and exemptions	14.				
15. Exception 2. - Tax on annualized current year income	15.				Not
16. Exception 3. - Tax on current year's income over 3, 5, 8, month periods	16.				Applicable

HOW TO FIGURE THE PENALTY

(Complete Lines 17 through 21 for installments not avoided by an exception)

17. Amount of underpayment (from Line 12)	17.				
18. Date of payment or April 15, <u>2021</u> whichever is earlier (See Instruction F)	18.				
19. Number of days from due date of installment to date shown on Line 18	19.				
20. Penalty (9 percent a year on amount shown on Line 17 for the number of days shown on Line 19)	20.				
21. Penalty (Add amounts on Line 20) show this amount in the space provided on Form 500 / 501	21.	01	150		0

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) <input checked="" type="checkbox"/> 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 1

2a

3a

4a

5a

6a

10a

10b

b Taxable interest

b Ordinary dividends

b Taxable amount

b Taxable amount

b Taxable amount

7

8 0.

9 104,711.

10c

11 104,711.

12 12,400.

13

14 12,400.

15 92,311.

Attach Sch. B if required.

104,711.

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-

92,311.

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

Form 1040 (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	16,238.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	16,238.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,238.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	16,238.
25	Federal income tax withheld from:		
a	Form(s) W-2 SEE STATEMENT 2	25a	16,251.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	16,251.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	16,251.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	13.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	13.
Direct deposit? See instructions.	b Routing number 122100024 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 860275218		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: 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.		
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions

☒ Yes. Complete below.☐ No

Designee's

Phone

Personal identification

name MAHESH DALAVAI

no. (678) 299-0505

number (PIN) 57877

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

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

SENIOR CONSULTANT

Sign HereJoint 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

Preparer's signature

Date

PTIN

Check if:

MAHESH DALAVAI

MAHESH DALAVAI

03/30/21

P01617877

☐ Self-employed

Phone no.

Firm's name

DELOITTE TAX SERVICES INDIA PVT. LTD

(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 for instructions and the latest information.

Form 1040 (2020)

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 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

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

Part II Adjustments to Income

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

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

Schedule 1 (Form 1040) 2020

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	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 2	
T					
S	DESCRIPTION				AMOUNT
-					
T	DELOITTE CONSULTING LLP				16,251.
TOTAL TO FORM 1040, LINE 25A					16,251.

SCHEDULE 1		STATE AND LOCAL INCOME TAX REFUNDS			STATEMENT 3	
		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 4
		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.