2018 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2018

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Ishaan D. Motwani & Roshni J. Koli Regency Garden, Murbad rd Apt. No. A/4 Kalyan West, US India

Prepared By:

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

Amount of Tax:

Total tax	\$ 4,386
Less: payments and credits	\$ 9,693
Plus: interest and penalties	\$ 0
Overpayment	\$ 5,307

Overpayment:

Credited to your estimated tax	\$ 0
Refunded to you	\$ 5,307

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Internal Revenue Service ITIN Operation P.O. Box 149342 Austin, TX 78714-9342

Return Must Be Mailed On Or Before:

April 15, 2019

Special Instructions:

The return should be signed and dated by both taxpayer and spouse.

Your refund will be deposited directly into your account ending in 7464.



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only. Application Type (Check one box):											
Before you begin: Application Type (Check one bo											
• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).											
	loesn't change your immigration s you eligible for the earned income		r right to wo	ork in the United	States	Renew an Existing ITIN					
	Ibmitting Form W-7. Read the inederal tax return with Form W-7					check box b, c, d, e, f, or g, you structions).					
a Nonresident	alien required to get an ITIN to claim	tax treaty bene	efit								
b Nonresident	alien filing a U.S. federal tax return										
c U.S. residen	t alien (based on days present in the	e United State	s) filing a U.S	S. federal tax retur	n						
d ☐ Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶											
e Spouse of U	e ☐ Spouse of U.S. citizen/resident alien										
f Nonresident	alien student, professor, or researche	er filing a U.S. f	federal tax re	turn or claiming ar	n exceptio	n					
g Dependent/s	spouse of a nonresident alien holding	a U.S. visa									
	structions) ►										
Additional in	formation for a and f : Enter treaty cou			and treaty a							
Name (see instructions)	1a First name		dle name		Last n	ame					
Name at birth if different •	1b First name		dle name		Last n						
	2 Street address, apartment numb	er, or rural rou	ite number. I	f you have a P.O.	box, see	separate instructions.					
Applicant's											
mailing address	City or town, state or province, a	and country. In	clude ZIP co	de or postal code	where app	propriate.					
Foreign (non- U.S.) address	3 Street address, apartment numb	per, or rural rou	ite number. [Don't use a P.O. b	ox numbe	er.					
(if different from above) (see instructions)	City or town, state or province, a	and country. In	clude ZIP co	de or postal code	where app	propriate.					
Birth information	4 Date of birth (month / day / year) C	ountry of birth		City and state or	province	(optional) 5 Male					
Other	6a Country(ies) of citizenship 6l	b Foreign tax I.	.D. number (i	f any) 6c Type	of U.S. vis	sa (if any), number, and expiration date					
information	6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D. USCIS documentation Other Date of entry into the United States										
	Issued by: No.:		Exp. c			M/DD/YYYY): / /					
	6e Have you previously received an No/Don't know. Skip line 6		ernal Revenu	e Service Number	(IRSN)?						
	Yes. Complete line 6f. If mo		st on a sheet	and attach to this	form (see	instructions).					
	6f Enter ITIN and/or IRSN ► ITIN name under which it was issued			IR	SN	and					
		Firs	t name	Middle na	ıme	Last name					
	6g Name of college/university or co	ompany (see in:	structions)	Length of	stay						
Sign Here		the best of my	knowledge a	and belief, it is true,	correct, ar	this application, including accompanying nd complete. I authorize the IRS to share axpayer Identification Number.					
	Signature of applicant (if delegation	ite, see instruc	tions)	Date (month / day /	year)	Phone number					
Keep a copy for your records.	Name of delegate, if applicable	(type or print)		Delegate's relations to applicant	hip	Parent Court-appointed guardian Power of Attorney					
Accentance	Signature			Date (month / day /	year) F	Phone					
Acceptance Agent's	7			/ /	F	ax					
Use ONLY	Name and title (type or print)		Name of co	ompany	EIN	PTIN					
Office Code						ode					

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Your first name and initia		Last nar		Jiu T Quui	nying widow(or	,	You	ur social s	ecurity	number
ISHAAN D.		MOTW	ANI				7	47 80	0 55	30
Your standard deduction	: Someone can claim you	ı as a dependent	You were b	orn before c	January 2, 1954	Yo	u are blin	d		
If joint return, spouse's f		Last nar			•	-	Spo	ouse's soc	ial secu	ırity number
ROSHNI J.		KOLI	_				A	PPLII	ED F	'OR
Spouse standard deduction: Spouse is blind	Someone can claim your Spouse itemizes on a se				n before Januar	ry 2, 1954	X	Full-year h or exempt		•
Home address (number	and street). If you have a P.O. b	ox, see instruction	ons.			Apt. no). Pre	esidential	Election	Campaign.
REGENCY GARI	DEN, MURBAD RD					A/4	(see	e inst.)	You	Spouse
City, town or post office, KALYAN WEST	state, and ZIP code. If you hav	e a foreign addre	ss, attach Schedule	6.				more than t e inst. and		
Dependents (see instruction) (1) First name	ctions): Last name	(2) s	ocial security number	(3) Rela	ationship to you	Child	(4) √ if of tax credit	qualifies for (s Credi		r dependents
ELENA I MOTV	VANI	141	-65-4537	DAUGH	ITER		X			
correct, ar	nalties of perjury, I declare that I have nd complete. Declaration of preparer (signature	examined this return other than taxpayer)	is based on all information Date	tion of which p Your occupati	oreparer has any kr ion	nowledge.	nowledge a		S sent you	u an Identity
See instructions.					CONSUI	LTANT		enter it h		
Keep a copy for Spot your records.	use's signature. If a joint return, boti	1 must sign.	Date	Spouse's occ	upation			Protection enter it h	on PIN,	u an Identity
Paid Preparer's r Preparer	name	Preparer's signatu	ıre	PTIN		Firm's El	N	(Check if:	
Use Only SEEM	A KADAM	SEEMA K	ADAM	₽01	L453557	98-0	4325	69	X 3rd F	Party Designee
Firm's name DEL	OITTE TAX SERV		DIA PVT.		Phone (67)		-600	[-employed
	-		‡41, GACH	IBOWL:	I					
Firm's address HYD	ERABAD, TELANG	ANA 5000	32 INDIA							

Form **1040** (2018)

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

1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
78124.97 3 Social security wages	9693.34 4 Social security tax withheld	78124.97	9693.34 4 Social security tax withheld
78124.97	4843.75	78124.97	4843.75
5 Medicare wages and tips 78124.97	6 Medicare tax withheld 1132.81	5 Medicare wages and tips 78124.97	6 Medicare tax withheld 1132.81
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
747-80-5530 b Employer's FED ID number	d Control number	747-80-5530 b Employer's FED ID number	d Control number
06-1454513 c Employer's name, address, and ZIP code	00437795	06-1454513 c Employer's name, address, and ZIP code	00437795
Deloitte Consulting LLP		Deloitte Consulting LLP	
4022 Sells Drive		4022 Sells Drive	
Hermitage TN 37076-2903		Hermitage TN 37076-2903	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits	9 Verification code	10 Dependent care benefits
11 Nonqualified plans		11 Nonqualified plans	40-0
	17583.17 DD 17583.17		DD 17583.17
13 Statutory Retirement Third-Party Sick pay		13 Statutory Retirement Third-Party Employée plan Sick pay	12b
14 Other CA SDI Tax 585.74	12c	14 Other CA SDI Tax 585.74	12c
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e Employee's first name and initial Last nam	ne Suff.	e Employee's first name and initial Last name	e Suff.
Ishaan Motwani 2000 Winward way		Ishaan Motwani	
San Mateo CA 94404		2000 Winward way San Mateo CA 94404	
f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc	f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc
CA 438-5954-5 16 State wages, tips, etc.	19 Local income tax	CA 438-5954-5 16 State wages, tips, etc.	19 Local income tax
17 State income tax 62208.49	20 Locality name	62208.49	20 Locality name
2976.13 Form OMB. No. 1545-0008	Dent of the Treasury - Internal Revenue	2976.13 Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue
Copy C for Employee's records 1 Wages, tips, other compensation	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	Copy 2 To Be Filed With Employee's STATE Income 1 Wages, tips, other compensation	2 Federal Income tax withheld
78124.97 3 Social security wages	9693.34 4 Social security tax withheld	78124.97 3 Social security wages	9693.34 4 Social security tax withheld
78124.97 5 Medicare wages and tips	4843.75 6 Medicare tax withheld	78124.97 5 Medicare wages and tips	4843.75 6 Medicare tax withheld
78124.97		78124.97	1132.81
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11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
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16 State wages, tips, etc. 62208.49	19 Local income tax	16 State wages, tips, etc. 62208.49	19 Local income tax
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W-2 Wage and Tax 201	8 Service	W-2 Wage and Tax 201	8 Service

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13 Statutory Retirement Third-Party Employée plan Sick pay	17583.17 DD 17583.17	13 Statutory Retirement Third-Party Employee plan Sick pay	17583.17 DD 17583.17
13 Statutory Retirement Third-Party Sick pay		13 Statutory Retirement Third-Party Sick pay	
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b Employer's FED ID number 06-1454513	d Control number 00437795	b Employer's FED ID number 06-1454513	d Control number 00437795
c Employer's name, address, and ZIP code	00437793	c Employer's name, address, and ZIP code	00437793
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4022 Sells Drive Hermitage TN 37076-2903		4022 Sells Drive Hermitage TN 37076-2903	
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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
747-80-5530		747-80-5530	
b Employer's FED ID number 06-1454513	d Control number 00437795	b Employer's FED ID number 06-1454513	d Control number 00437795
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		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	7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits	9 Verification code	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 Employée plan Sick pay	12b
14 Other	12c		12c
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16 State wages, tips, etc. 19368.12	19 Local income tax 391.27	16 State wages, tips, etc. 19368.12	19 Local income tax 391.27
17 State income tax 625.58	20 Locality name C49	17 State income tax 625.58	20 Locality name C49
W-2 Wage and Tax Statement 201	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 fall to report it.	W-2 Wage and Tax Statement 201	Dept. of the Treasury - Internal Revenue Service
Copy C for Employee's records	imposed on you if this income is taxable and you fail to report it.	Copy 2 To Be Filed With Employee's STATE Income	_
1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
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a Employee's SSA number 747-80-5530	Employer use only	a Employee's SSA number 747-80-5530	Employer use only
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11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
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14 Other	12c	14 Other	12c
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625.58 Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue	625.58 Form OMB. No. 1545-0008	Dont of the Transumy Internal Revenue
W-2 Wage and Tax 201	Service	W-2 Wage and Tax 201	

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5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number 747-80-5530	Employer use only	a Employee's SSA number 747-80-5530	Employer use only
b Employer's FED ID number 06-1454513	d Control number 00437795	b Employer's FED ID number 06-1454513	d Control number 00437795
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
G	To Alloward Sec	Ü	8 Allocated tips
7 Social security tips 9 Verification code	8 Allocated tips 10 Dependent care benefits	7 Social security tips 9 Verification code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
	12b		12b
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last nan Ishaan Motwani 2000 Winward way San Mateo CA 94404	ne Suff.	e Employee's first name and initial Last nam Ishaan Motwani 2000 Winward way San Mateo CA 94404	e Suff.
f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc	f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc
IN 0103847715-002 16 State wages, tips, etc.	19368.12 19 Local income tax	IN 0103847715-002 16 State wages, tips, etc.	19368.12 19 Local income tax
19368.12 17 State income tax	20 Locality name	19368.12 17 State income tax	391.27
625.58 Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue	625.58 Form OMB. No. 1545-0008	Dont of the Transumy Internal Revenue
W-2 Wage and Tax 201	Service	W-2 Wage and Tax 201	

Form 1040 (2018)	ISI	HAAN D. MOTWANI	& ROSHNI J	J. KOLI	747-80	0-5530		Page 2
	1	Wages, salaries, tips, etc. Attach	ı Form(s) W-2		STMT	1	1	85,294.
	2a	Tax-exempt interest	2a				2b	
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a		b Ordinary dividends		3b	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities	4a		b Taxable amount		4b	
withheld.	5a	Social security benefits	5a		b Taxable amount		5b	
	6	Total income. Add lines 1 throug	gh 5. Add any amount f	rom Schedule 1, li	ine 22		6	85,294.
	7	Adjusted gross income. If you h	ave no adjustments to i	income, enter the	amount from line 6; othe	rwise,		
Standard Deduction for -	L	subtract Schedule 1, line 36, fro					7	85,294.
 Single or married filing separately, 	_8	Standard deduction or itemized	I deductions (from Sch	hedule A)			8	24,000.
\$12,000	9	Qualified business income dedu	ction (see instructions))			9	
 Married filing jointly or 	10	Taxable income. Subtract lines 8 a Tax inst) 6	and 9 from line 7. If ze	ero or less, enter -	0		10	61,294.
Qualifying	11	a Tax inst)6	, 972. (cneck if any from:	1 8814 2	4972 3)		
widow(er), \$24,000		b Add any amount from Schedu	11	6,972.				
 Head of household. 	12	b Add any amount from Schedu a Child tax credit/credit for other deper	12	2,586.				
\$18,000	13	Subtract line 12 from line 11. If	13	4,386.				
 If you checked any box under 	14	Other taxes. Attach Schedule 4					14	
Standard deduction.	15						15	4,386.
see instructions.	16	Federal income tax withheld from	16	9,693.				
	17	Refundable credits: a EIC (see ins	t.) b s	sch 8812	C Form 8863			
		Add any amount from Schedule	5				17	
	18	Add lines 16 and 17. These are	our total payments				18	9,693.
	19	If line 18 is more than line 15, s	ubtract line 15 from line	e 18. This is the ar	mount you overpaid		19	5,307.
Refund	20 a	Amount of line 19 yo <u>u want refu</u>				ן ▶ ∐	20a	5,307.
Direct deposit?	▶ b	Routing number 27407		▶ c Typ	e: 🛛 Checking	Savings		
See instructions.	► d	Account number 54100	1957464		,			
	21	Amount of line 19 you want app	lied to your 2019 estin	mated tax	21			
Amount You	22	Amount you owe. Subtract line	18 from line 15. For de	tails on how to pa	y, see instructions		22	
Owe	23	Estimated tax penalty (see instru	uctions))	23			

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

Form **1040** (2018)

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Nonrefundable Credits

Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment 202

Name(s) shown on Form 1040 Your social security number 747-80-5530 ISHAAN D. MOTWANI & ROSHNI J. KOLI 586. Foreign tax credit. Attach Form 1116 if required Nonrefundable 48 48 Credit for child and dependent care expenses. Attach Form 2441 49 49 Credits Education credits from Form 8863, line 19 50 50 51 Retirement savings contributions credit. Attach Form 8880 51 52 52 53 Residential energy credit. Attach Form 5695 ____ 53 54 Other credits from Form **a** 3800 **b** 8801 **c** 54 Add the amounts in the far right column. Enter here and include on Form 1040, line 12 586. 55

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

Schedule 3 (Form 1040) 2018

SCHEDULE 6 (Form 1040)

Foreign Address and Third Party Designee

► Attach to Form 1040.

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

OMB No. 1545-0074 Sequence No. 05A

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 Your social security number ISHAAN D. MOTWANI & ROSHNI J. KOLI 747-80-5530 Foreign Foreign country name Foreign province/county Foreign postal code **Address** INDIA Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. **Third Party** Designee's Phone Personal identification number Designee (PIN) ▶

LHA For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 6 (Form 1040) 2018

SCHEDULE B

(Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Interest and Ordinary Dividends

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

► Attach to Form 1040.

OMB No. 1545-0074

MOTWANI & ROSHNI J. KOLI 747 80 5530 ISHAAN D. Part I Amount List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that Interest buyer's social security number and address Note: If you received a Form 1099-INT Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b Note: If line 4 is over \$1,500, you must complete Part III. **Amount** Part II 5 List name of payer **Ordinary Dividends** Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust **Foreign** 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such Accounts Х as a bank account, securities account, or brokerage account) located in a foreign country? See instructions and If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), **Trusts** to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing X requirements and exceptions to those requirements b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions 827501 10-24-18

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Nam	10	Identifying number as shown on page 1 of your tax return								return		
TS	ISHAAN D. MOTWANI & ROSHNI J. KOLI 747-80-5530											
	Jse a separate Form 1116 for each category of income listed below. See <i>Categories of Income</i> in the instructions. Check only one box on each Form 1116. Report all											
	unts in U.S. doll				ar Categorie.	or income		,,				
a [Section 951A income c Passive category income e Section 901(j) income g Lump-sum distributions											
b [Foreign br	anch income	d X Ger	neral category in	come f	Certain inco	ome re-sourced	by treaty				
			TAIDTA									
	esident of (name					A in F		A in Double II. If we	المائد من الما			
	Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to nore than one foreign country or U.S. possession, use a separate column and line for each country or possession.											
	Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)											
						Foreign Coun	try or U.S. Po	ssession			Total	
					Α		В	С		(Add	cols. A, B, a	and C.)
i	Enter the na	me of the fo	reign country									
					INDIA							
1a	Gross income		•	hown above								
	and of the type	checked abov	/e:									
					7,1	60				4.	7	169.
h	Check if line 1a	ie companea	tion for pareona	L carvicae ac	7,1	09.				1a		109.
b		•	pensation from a									
			ised an alternati									
	determine its s											
Dec	ductions and l	osses (Caut	i on: See instr	uctions.):								
2	Expenses defin	nitely related	to the income o	n line 1a								
_	(attach stateme	ent) ¯										
3			ctions not defini	-	0.4.0							
a			or standard dedi		24,0	00.						
b			ement)		24.0	0.0						
C	Add lines 3a ar				24,0 7,1			+				
a			es		85,2	94						
f	Divide line 3d b				.084050							
g		•			2,0							
4	Pro rata share											
а	Home mortgag			for								
	Home Mortgag	e Interest in th	ne instructions)									
b	Other interest of	expense										
5	Losses from fo	•									_	
6	Add lines 2, 3g				2,0	17.				6	<u>2,</u>	$\frac{017.}{152}$
	Subtract line 6 f		nter the result h		15, page 2					7	5,	152.
	redit is claimed		T ala of A	301 dCd	Foreig	ın taxes paid	or accrued					
	for taxes		In forei	gn currency	1 0.0.5	,,, tance paire		In U.S. dolla	ars			
	(you must								foreign			
Country ()	(p) Other Taxes withheld at source on: (p) Other Taxes withheld at source on: (t) Other foreign Taxes withheld at source on:											
3	k) Accrued				taxes paid or accrued (ad							
	(I) Date paid or accrued	(m)Dividends	(n) Rents and royalties	(0) Interest	(1) Toyanics (7)							
	2/31/18								(547.		647.
B C												
	Add lines A thre	ugh C. colum	n (u) Enter the	total here and	on line O nage 2							647

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	9	647.		
10	Carryback or carryover (attach detailed computation)	10			
	(If your income was section 951A income (box a above Part I), leave				
	line 10 blank.)				
11	Add lines 9 and 10	11	647.		
12	Reduction in foreign taxes	12			
13	Taxes reclassified under high tax kickout	13			
					6.45
	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	647.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the		- 4-0		
	United States (before adjustments) for the category of income checked above Part I	15	5,152.		
	Adjustments to line 15	16		-	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than		- 4-0		
	one Form 1116, you must complete line 20.)	17	5,152.	-	
18	Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41.				
	Estates and trusts: Enter your taxable income without the deduction for your		64 664		
	exemption	18	61,294.		
	$\textbf{Caution:} \ \ \text{If you figured your tax using the lower rates on qualified dividends or capital gains, see}$	instructions.			
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.08405
20	Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you a				
	total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, So		•		
	Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form		42	20	6,972.
	$\textbf{Caution:} \ \ \textbf{If you are completing line 20 for separate category } \ \ \textbf{g} \ \ \textbf{(lump-sum distributions)}, \ see \ instance \ \ \textbf{(lump-sum distributions)}, \ \ \textbf{(lump-sum distributions)},$	tructions.			
	Multiply line 20 by line 19 (maximum amount of credit)			21	586.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 th	nrough 30 and	l enter this		506
_)	22	586.
	art IV Summary of Credits From Separate Parts III	1			
	Credit for taxes on section 951A income			-	
	Credit for taxes on foreign branch income	24		-	
	Credit for taxes on passive category income	25		-	
	Credit for taxes on general category income			-	
	Credit for taxes on section 901(j) income				
	Credit for taxes on certain income re-sourced by treaty				
	Credit for taxes on lump-sum distributions				
30	Add lines 23 through 29			30	
	Enter the smaller of line 20 or line 30			31	586.
	Reduction of credit for international boycott operations			32	
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Schedule 3 (Forn	•	•		
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a			33	586.

Form **1116** (2018)

DOES NOT APPLY Alternative Minimum Tax - Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information.

OMB No. 1545-0074

Your social security number

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR

► Attach to Form 1040 or Form 1040NR.

	HAAN D. MOTWANI & ROSHNI J. KOLI			747 80 55	30
Pa				Γ	
1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8	3			
	and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a		_	C1	204
	negative amount.)		1	61,	<u> 294.</u>
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from			24	000
	Form 1040, line 8		2a	24,	000.
b	Tax refund from Schedule 1 (Form 1040), line 10 or line 21		2b		
c	Investment interest expense (difference between regular tax and AMT)		2c		
d	Depletion (difference between regular tax and AMT) Not appreting less deduction from School de 1 (Form 1949) line 31. Enter so a positive amount		2d		
e	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount		2e		
f	Alternative tax net operating loss deduction		2f		
g	Interest from specified private activity bonds exempt from the regular tax		2g		
h	Qualified small business stock, see instructions Exercise of incentive stock options (excess of AMT income over regular tax income)		2h		
i :	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		2i		
J	Di illi e i dise i i i ANET i i i i i i		2j 2k		
k I			2k 2l		
-	D i li l		2m		
m n			2n		
0	Loss limitations (difference between AMT and regular tax income or loss) Circulation costs (difference between regular tax and AMT)		20		
	Long-term contracts (difference between AMT and regular tax income)		2p		
p q	Mining costs (difference between regular tax and AMT)		2q		
ч r	Research and experimental costs (difference between regular tax and AMT)		2r		
s	Income from certain installment sales before January 1, 1987		2s		
t	Intangible drilling costs preference		2t		
3	Other adjustments, including income-based related adjustments		3		
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4				
	is more than \$718,800, see instructions.)		4	85,	294.
Pa					
5	Exemption. (If you were under age 24 at the end of 2018, see instructions.)				
	IF your filing status is AND line 4 is not over THEN enter on line 5				
	Single or head of household \$500,000 \$70,300)		100	400
	Married filing jointly or qualifying widow(er) 1,000,000 109,400	···	5	109,	400.
	Married filing separately 500,000 54,700	1			
_	If line 4 is over the amount shown above for your filing status, see instructions.	<i>'</i>			
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9,		_		0
_	and 11, and go to line 10		6		0.
7	 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported)			
	qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D				
	(Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the		_		0.
	amount from line 40 here.		7		<u> </u>
	• All others: If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by				
	26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing				
	separately) from the result.				
8	Alternative minimum tax foreign tax credit (see instructions)		8		0.
9	Tentative minimum tax. Subtract line 8 from line 7		9		0.
10	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract				
	from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to				
	figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this		10	۶.	386.
44	line (see instructions) AMT Subtract line 10 from line 9. If zero or less, optor 0. Enter here and an Schodule 2 (Form 1040), line		10	<u> </u>	0

Form 6251 (2018) ISHAAN D. MOTWANI & ROSHNI J. KOLI Part III Tax Computation Using Maximum Capital Gains Rates

	Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Workshee	t in the ins	tructions.
12	Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from		
	line 3 of the worksheet in the instructions for line 7	12	
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions		
	for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13	
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	15	
16	Enter the smaller of line 12 or line 15	16	
17	Subtract line 16 from line 12	17	
18	If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise,		
	multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	18	
19	Enter:		
	• \$77,200 if married filing jointly or qualifying widow(er),		
	• \$38,600 if single or married filing separately, or	19	
	• \$51,700 if head of household.		
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions		
	for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete		
	either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0 If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	20	
	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter the smaller of line 12 or line 13	22	
	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	
	Subtract line 23 from line 22	24	
25	Enter: ● \$425,800 if single		
	• \$239 500 if married filing separately	05	
	\$479,000 if married filing jointly or qualifying widow(er) \$479,000 if hand of hand hald.	25	
06	• \$452,400 if head of household	06	
	Enter the amount from line 21 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions	26	
21	for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 10; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,		
	see instructions for the amount to enter	27	
28	Add line 26 and line 27	28	
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	
	Enter the smaller of line 24 or line 29	30	
	Multiply line 30 by 15% (0.15)	31	
	Add lines 23 and 30	32	
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33	Subtract line 32 from line 22	33	
34	Multiply line 33 by 20% (0.20)	34	
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25)	37	
	Add lines 18, 31, 34, and 37	38	
39	If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26).		<u> </u>
	Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	39	
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not		
	enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7.	40	

ALTERNATIVE MINIMUM TAX Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T. ► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Form 1116 (2018)

Identifying number as shown on page 1 of your tax return ISHAAN D. MOTWANI & ROSHNI J. KOLI 747-80-5530 Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. **g** Lump-sum distributions Section 951A income Passive category income Section 901(j) income **d** X General category income Foreign branch income Certain income re-sourced by treaty h Resident of (name of country) ► INDIA Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for category checked above) Foreign Country or U.S. Possession Total С В (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. INDIA possession 1a Gross income from sources within country shown above and of the type checked above: 7,169. 7,169. 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) -Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction Other deductions (attach statement) Add lines 3a and 3b 7,169. Gross foreign source income 85,294. Gross income from all sources .084050461 Divide line 3d by line 3e Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 7,169 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In U.S. dollars In foreign currency (you must check one) (t) Other (u) Total foreign (p) Other Taxes withheld at source on: Taxes withheld at source on: (j) X Paid foreign foreign taxes paid or accrued (add cols. taxes paid or taxes paid or accrued accrued (q) through (t)) (m)Dividends (I) Date paid or accrued (s) Interest (0) Interest (q) Dividends 12/31/18 647. 647. В c 647 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ 8

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2018) ISHAAN D. MOTWANI & ROSHNI J. KOLI

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	9	647.		
			242		
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 2	10	243.	4	
	(If your income was section 951A income (box a above Part I), leave				
	line 10 blank.)		0.00		
11	Add lines 9 and 10	11	890.	-	
10	Deduction in foreign taxes	12			
12	Reduction in foreign taxes	12		1	
13	Taxes reclassified under high tax kickout	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	890.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
	United States (before adjustments) for the category of income checked above Part I	15	7,169.		
16	Adjustments to line 15	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
	one Form 1116, you must complete line 20.)	17	7,169.		
18	Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41.				
	Estates and trusts: Enter your taxable income without the deduction for your				
	exemption	18	85,294.		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see	instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.08405
20	Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you a				
	total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, So	chedule G, lin	e 1a; or the total of		
	Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form	1040NR, line	42	20	
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see inst	ructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)			21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 th	rough 30 and	d enter this		
	amount on line 31. Otherwise, complete the appropriate line in Part IV		>	22	0.
	art IV Summary of Credits From Separate Parts III				
	Credit for taxes on section 951A income	23		4	
24	Credit for taxes on foreign branch income	24		4	
25	Credit for taxes on passive category income	25		4	
26	Credit for taxes on general category income	26			
27	Credit for taxes on section 901(j) income	27			
	Credit for taxes on certain income re-sourced by treaty	28			
	Credit for taxes on lump-sum distributions				
30	Add lines 23 through 29			30	
31	Enter the smaller of line 20 or line 30			31	0.
	Reduction of credit for international boycott operations			32	
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Schedule 3 (Form				
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a		>	33	0.

Form **1116** (2018)

Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Taxpayer name(s) shown on return

& ROSHNI J. KOLI ISHAAN D. MOTWANI

Taxpayer identification number 747-80-5530

Enter preparer's name and PTIN

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts IV for the benefit(s), and/or HOH filing status claimed on the return and complete the related Parts IV for the benefit(s), and/or HOH filing status claimed (check all that apply). 1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? 2 If credits are claimed on the return, did you complete the applicable ElC and/or Or CTC/ACTC/OCO worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NIn instructions, and/or the AOTC worksheets found in the Form 883 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credits and/or HOH filing status and the amount of any credit(s) claimed. 4 Did any information provided by the taxpayer is eligible to claim the credits and/or HOH filing status and the amount of any credit(s) claimed. 5 Did you wake reasonable inquiries to determine the correct, complete, and consistent information? B Did you wake reasonable inquiries to determine the correct, complete, and consistent information? 5 Did you satisfy the record retertion requirement? To meet the record retertion requirement, you must keep a copy of your document worksheet(s), a record of how, when, and from whom the information used to prepare form 8867 and any applicable worksheet(s), a record of how, when, and from whom the information used to prepare form 8867 and any applicable worksheet(s), are cord of how, when, and from whom the information used to exceed the amount of the cr	SEEN	MA KADAM			P01453	557
on this return and complete the related Parts IV for the benefit(s), and/or HOH filing status claimed (check all that apply). 1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? 2 If credits are claimed on the return, did you complete the applicable EIC and/or CFC/ACTC/ODC worksheets found in the Form 1040, 104085, 10409R, or 1040NR instructions, and your own worksheet(s) that provides the same information, and all related forms and schedules for seach credit claimed? 3 Did you satisfly the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credition and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credition of the propering the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (if "Yes," answer questions 4a and 4b. If "No," go to question 5). • Did you document your inquiries? (Documentation should include the questions you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) 5 Did you document your inquiries? (Documentation should include the questions you asked, when you asked, the information determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) and/or HOH filing status or to compute the amount of the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit? 7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the	Part	Due Diligence Requirements				
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2 If credits are claimed on the return, did you complete the applicable EIC and/ or CTC/ACTC/DC worksheets found in the Form 1040, 1040SR, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and sheedules for each redit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the creditial and/or HOH filing status. • Review information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No." go to question 5.) • Did you make reasonable inquiries to determine the correct, complete, and consistent information? • Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return). • Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(8), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(8) was possible and a copy of any documents, if any, that you relied on. 6 Did you ask the taxpayer whether her/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status or to compute the amount of any credit(s) claimed on the return if his/her return is selected for audif? 7 Did you ask the taxpayer if any of these credits w	1	Did you complete the return based on information for tax year 2018				
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amount of any credit(s) claimed on the return if his/her return is selected for audit? 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) A Did you complete the required recertification Form 8862? No N/A 8 If the taxpayer is reporting self-employment income, did you ask questions to	O					
audit?						
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? B If the taxpayer is reporting self-employment income, did you ask questions to				₩	П.,	
previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? B If the taxpayer is reporting self-employment income, did you ask questions to				k7 162	∐ NO	
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? B If the taxpayer is reporting self-employment income, did you ask questions to	′					
a Did you complete the required recertification Form 8862? 8 If the taxpayer is reporting self-employment income, did you ask questions to				V v	Пма	
8 If the taxpayer is reporting self-employment income, did you ask questions to	_					
nrepare a complete and correct Form 1040. Schedule C2				res	∐ NO	N/A
	0			□ vos	□ No	X N/A

Part		FIO		Dest			4/-0	10-5	O S S U Page
Pari	Due Diligence Questions for Returns Claiming EIC (If the return does not claim	EIC, (Τ.		
			EIG	С	СТ			OTC	HOH
		-			ACTC	<u>/OD</u>	<u> </u>		
9a	Have you determined that this taxpayer is, in fact, eligible to claim the EIC for								
	the number of children for whom the EIC is claimed, or to claim the EIC if the								
	taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming			П					
	the EIC and does not have a qualifying child.)	Щ,	Yes	Ш	No				
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of			П					
	the year, even if the taxpayer has supported the child the entire year?	$\overline{}$	Yes	\neg	No				
С	Did you explain to the taxpayer the rules about claiming the EIC when a child	IH'	Yes	Ш	No				
David	is the qualifying child of more than one person (tiebreaker rules)?		N/A						
Part		loes n	not cla	aim C	TC, ACTC	, or (ODC, g	٥	
	to Part IV.)								
			EIC		CTC		A	OTC	HOH
					ACTC/C	DC			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the					1			
	taxpayer's dependent who is a citizen, national, or resident of the United States?				X Yes	No	,		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if					1			
	the taxpayer has not lived with the child for over half of the year, even if the				X Yes	No	,		
	taxpayer has supported the child, unless the child's custodial parent has								
	released a claim to exemption for the child?				N/A				
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for					1			
	a child of divorced or separated parents (or parents who live apart), including				X Yes	No	,		
D	any requirement to attach a Form 8332 or similar statement to the return?				N/A				
Part	Due Diligence Questions for Returns Claiming AOTC (If the return does not claim	im AC	OTC, (go to		_			
			EIC		CTC/		AOT	С	HOH
				_ A	CTC/ODC	\perp			
13	Did the taxpayer provide the required substantiation for the credit, including								
	a Form 1098-T and/or receipts for the qualified tuition and related expenses							٦ .	
David	for the claimed AOTC?					Ш	Yes	No	
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH fili	ing sta	atus,	go to		_			
			EIC		CTC/		AOTC		HOH
				$+^{A}$	CTC/ODC	+			
14	Have you determined that the taxpayer was unmarried or considered								
	unmarried on the last day of the tax year and provided more than half of the								🗆
Part	cost of keeping up a home for the year for a qualifying person?								Yes No
	➤ You will have complied with all due diligence requirements for claiming the applic	able	credi	t(s) a	nd/or HO	1 fili	ng		
	status on the return of the taxpayer identified above if you:								
	A. Interview the taxpayer, ask adequate questions, document the taxpayer's response				•				
	adequate information to determine if the taxpayer is eligible to claim the credit(s) an	d/or F	HOH f	filing	status and	to o	letermir	те	
	the amount of the credit(s) claimed;								
	B. Complete this Form 8867 truthfully and accurately and complete the actions describe	bed in	this	chec	klist for an	у ар	plicable	;	
	credit(s) claimed and HOH filing status, if claimed;								
	C. Submit Form 8867 in the manner required; and								
	D. Keep all five of the following records for 3 years from the latest of the dates specifie	ed in th	he Fo	rm 8	867 instruc	tion	s under		
	Document Retention.								
	1. A copy of Form 8867;								
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;								
	3. Copies of any documents provided by the taxpayer on which you relied to determ	mine e	eligibi	ility fo	or the credi	t(s) a	and/or I	HOH	
	filing status;								
	4. A record of how, when, and from whom the information used to prepare this form	n and	the a	applic	able works	shee	t(s) was	;	
	obtained; and								
	5. A record of any additional questions you may have asked to determine eligibility	to cla	im th	e cre	dit(s), and/	or H	OH filin	g	
	status and the amount(s) of any credit(s) claimed and the taxpayer's answers.								
	▶ If you have not complied with all due diligence requirements, you may have to pay	/ a \$5	20 pe	enalty	y for each	failu	ıre to		
	comply related to a claim of an applicable credit or HOH filing status.								
15	Do you certify that all of the answers on this Form 8867 are, to the best of								
	your knowledge, true, correct, and complete?				X Yes		No)	

Form **8948** (Rev. September 2018)

Department of the Treasury

Preparer Explanation for Not Filing Electronically

► Go to www.irs.gov/Form8948 for instructions and the latest information.

OMB No. 1545-2200

Attachment Sequence No. **173**

internal nevenue oci vice			
Name(s) on tax return	Tax year of return	Taxpayer's identifyin	g number
ISHAAN D. MOTWANI & ROSHNI J. KOLI	2018	747-80-553	0
Preparer's name SEEMA KADAM		Preparer Tax Identifi P01453557	cation Number (PTIN)
Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for details	on using IRS e-file.	The benefits of elect	ronic filing include

the following. Faster refunds Secure transmissions E-payment options Easier filing method More accurate returns Receipt acknowledged Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box. Taxpayer chose to file this return on paper. The preparer received a waiver from the requirement to electronically file the tax return. Waiver Reference Number Approval Letter Date The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically. This return was rejected by IRS e-file and the reject condition could not be resolved. Number of attempts to resolve reject: The preparer's e-file software package does not support Form or Schedule attached to this return. 6 Check the box that applies and provide additional information if requested. The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad. The preparer is ineligible to participate in IRS e-file. c X Other: Describe below the circumstances that prevented the preparer from filing this return electronically. SPOUSE DOES NOT HAVE SSN/ITIN

Allocation of Compensation

Name

ISHAAN D. MOTWANI

747-80-5530

ISHAAN D. MOIWANI		Before/A Foreign Assi			ring ssignment
	Total	U.S.	Foreign	U.S.	Foreign
Wages and Salaries Cost of Living and Overseas Diff. Moving Expense Reimbursement Family Education Home Leave Quarters Bonus Stock Options	85,294.	78,125.			7,169.
Tax Reimbursement Survivor's Insurance					
Moving Expense Reimbursement Stock Options Bonus					
Compensation Attributable to 2018	85,294.	78,125.			7,169.
Moving Expense Reimbursement Stock Options Bonus					
Total Compensation	85,294.	78,125.			7,169.
Spouse's Compensation Total Form 1040, Line 1 (or Form 1040NR, Line 8)	85,294.				

Form 1116 U.S. and Foreign Sou	urce Income Summar	у	
NAME			747 00 5530
ISHAAN D. MOTWANI & ROSHNI J. KOLI			747-80-5530 FOREIGN
INCOME TYPE	TOTAL	U.S.	GENERAL
Compensation	85,294.	78,125.	7,169.
Dividends/Distributions			
Interest			
Capital Gains			
Business/Profession			
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate Other Income			
Gross Income	85,294.	78,125.	7,169.
dioss income	03,234.	70,123.	7,109.
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	85,294.	78,125.	7,169.
Deductions: Business/Profession Expenses Rent/Royalty Expenses Partnership/S Corporation Losses Trust/Estate Losses Capital Losses Non-capital Losses Individual Retirement Account Moving Expenses Self-employment Tax Deduction Self-employment Health Insurance Keogh Contributions Alimony Forfeited Interest Foreign Housing Deduction Other Adjustments Capital Gains Tax Adjustment Total Deductions			
Adjusted Gross Income	85,294.	78,125.	7,169.
Less Itemized Deductions: Specifically Allocated Home Mortgage Interest			
Other leterant			
Other Interest	24 000	21 002	2 017
Ratably Allocated Total Adjustments to Adjusted Gross Income	24,000. 24,000.	21,983. 21,983.	2,017.

Form 1116

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

ISHAAN D. MOTWANI & ROSHNI J. KOLI

747-80-5530

Foreign Income Category

GENERAL LIMITATION INCOME

	. c.c.gcome category						
Regu	<u>lar</u>	2013	2014	2015	2016	2017	2018
1.	Foreign tax paid/accrued						647.
2.	FTC carryback to 2018						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						647.
5.	Maximum credit allowable						586.
6.	Unused foreign tax (+)						
	or excess of limit (-)						61.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						61.
	Total foreign taxes from all a	vailable years to be ca	rried to next year				61.
			2008	2009	2010	2011	2012
1.	Foreign tax paid/accrued						
2.	FTC carryback to 2018						
	for amended returns						

		2008	2009	2010	2011	2012
1.	Foreign tax paid/accrued	2000	2000	2010	2011	LUIL
	FTC carryback to 2018					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
	Unused foreign tax (+)					
	or excess of limit (-)					
7.	Foreign tax carryback					
	Foreign tax carryforward					
	Foreign tax or excess					
	limit remaining					

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

ISHAAN D. MOTWANI & ROSHNI J. KOLI

747-80-5530

Foreign Income Category

GENERAL LIMITATION INCOME

AMT		2013	2014	2015	2016	2017	2018
1.	Foreign tax paid/accrued						647.
2.	FTC carryback to 2018						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						647.
5.	Maximum credit allowable						0.
6.	Unused foreign tax (+)						
	or excess of limit (-)					243.	647.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining					243.	647.
	Total foreign taxes from all	available years to be ca	arried to next year				890.
			2008	2009	2010	2011	2012

		2008	2009	2010	2011	2012
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2018					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
6.	Unused foreign tax (+)					
	or excess of limit (-)					
7.	Foreign tax carryback					
	Foreign tax carryforward					
	Foreign tax or excess					
	limit remaining					

Form 1116 Foreign Wages, Salaries, Business and Profession Income NAME 747-80-5530 ISHAAN D. MOTWANI & ROSHNI J. KOLI Wages and Salaries: Source Amount 7,169. DELOITTE CONSULTING INDIA PVT LTD 7,169. Total Foreign Wages and Salaries ______ **Business and Profession Income:** Source Amount Total Foreign Business and Profession Income _____ Reduction for Foreign Earned Income Exclusion/Deduction: Percent Applicable to Foreign Wages and Salaries ______ Reduction Amount 7,169. Wages and Salaries Included on Form 1116, line 1 Total Foreign Business and Profession Income _____ Foreign Earned Income Exclusion/Deduction Percent Applicable to Foreign Business and Profession Income Reduction Amount Business and Profession Income Included on Form 1116, line 1

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	78,125.	9,693.	3,602.	977.	4,844.	1,133.
T DELOITTE CONSULTING INDIA PVT LTD	7,169.					
TOTALS	85,294.	9,693.	3,602.	977.	4,844.	1,133.

FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT STATEMENT 2 CARRYOVER/CARRYBACK								
GENERAL LIMITATION INCOME								
YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE					
2017 ALT. MIN. TAX CREDIT	0.	0.	243.					
2016 ALT. MIN. TAX CREDIT 2015 ALT. MIN. TAX CREDIT	0. 0.	0. 0.	0.					
2015 ALT. MIN. TAX CREDIT	0.	0.	0.					
2013 ALT. MIN. TAX CREDIT	0.	0.	0.					
2012 ALT. MIN. TAX CREDIT	0.	0.	0 .					
2011 ALT. MIN. TAX CREDIT	0.	0.	0.					
2010 ALT. MIN. TAX CREDIT	0.	0.	0.					
2009 ALT. MIN. TAX CREDIT	0.	0.	0.					
2008 ALT. MIN. TAX CREDIT FOREIGN TAX CR CARRYBACK TO 2018	0.	0.	0 . 0 .					
TOTAL TO FORM 1116 (AMT), PART II	243.							