

2018 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

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	\$	1,262
Less: payments and credits	\$	2,976
Plus: interest and penalties	\$	0
Overpayment	\$	1,714

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	1,714

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Franchise Tax Board
P.O. Box 942840
Sacramento, CA 94240-0001

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.

2018

California Nonresident or Part-Year

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

747-80-5530 MOTW 000-00-0000

18

ISHAAN D MOTWANI

ROSHNI J KOLI

A
R
RPREGENCY GARDEN MURBAD RD
KALYAN WEST

APT A/4

10-17-1989 11-25-1989

If your California filing status is different from your federal filing status, check the box here

Filing Status	1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2	<input checked="" type="checkbox"/> Married/RDP filing jointly. See inst.	5	<input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="text"/>
	See instructions. <input type="text"/>			
3	<input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>			
6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst • 6 <input type="checkbox"/>			

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. • 7	<input type="text" value="2"/>	X \$118 = • \$	<input type="text" value="236"/>
8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 • 8	<input type="text"/>	X \$118 = • \$	<input type="text"/>
9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 9	<input type="text"/>	X \$118 = • \$	<input type="text"/>
10	Dependents: Do not include yourself or your spouse/RDP.			

Exemptions	Dependent 1			Dependent 2			Dependent 3		
	First Name •	<input type="text" value="ELENA"/>	•	<input type="text"/>	•	<input type="text"/>	•	<input type="text"/>	
	Last Name •	<input type="text" value="MOTWANI"/>	•	<input type="text"/>	•	<input type="text"/>	•	<input type="text"/>	
	SSN •	<input type="text" value="141654537"/>	•	<input type="text"/>	•	<input type="text"/>	•	<input type="text"/>	
	Dependent's relationship to you •	<input type="text" value="DAUGHTER"/>	•	<input type="text"/>	•	<input type="text"/>	•	<input type="text"/>	
Total dependent exemptions • 10			<input type="text" value="1"/>	X \$367 = • \$	<input type="text" value="367"/>				

1 Wages, tips, other compensation		2 Federal Income tax withheld	
78124.97		9693.34	
3 Social security wages		4 Social security tax withheld	
78124.97		4843.75	
5 Medicare wages and tips		6 Medicare tax withheld	
78124.97		1132.81	
a Employee's SSA number		Employer use only	
747-80-5530			
b Employer's FED ID number		d Control number	
06-1454513		00437795	
c Employer's name, address, and ZIP code			
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 17583.17	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other CA SDI Tax		12c	
585.74			
		12d	
e Employee's first name and initial Last name Suff.			
Ishaan Motwani 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
CA	438-5954-5		
16 State wages, tips, etc.		19 Local income tax	
62208.49			
17 State income tax		20 Locality name	
2976.13			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2018 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records			

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13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other CA SDI Tax		12c	
585.74			
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1 Wages, tips, other compensation		2 Federal Income tax withheld	
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c Employer's name, address, and ZIP code			
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
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11 Nonqualified plans		12a See instructions for box 12	
		DD 17583.17	
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585.74			
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15 State IN	Employer's state ID 0103847715-002		18 Local wages, tips, etc 19368.12		
16 State wages, tips, etc. 19368.12			19 Local income tax 391.27		
17 State income tax 625.58			20 Locality name C49		
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2018 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records 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.					

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16 State wages, tips, etc. 19368.12			19 Local income tax 391.27		
17 State income tax 625.58			20 Locality name C49		
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2018 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return 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.					

Your name:

ISHAAN D. MOTWANI

Your SSN or ITIN:

747805530

11 Exemption amount: Add line 7 through line 10 11 \$ 603

Total Taxable Income	12	Total California wages from your Form(s) W-2, box 16	12	62,208	-00		
	13	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10	13		85,294	-00	
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B	14			-00	
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15		85,294	-00	
	16	California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C	16			-00	
	17	Adjusted gross income from all sources. Combine line 15 and line 16	17		85,294	-00	
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions	18		8,802	-00	
	19	Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	19		76,492	-00	

CA Taxable Income	31	Tax. Check the box if from:	<input checked="" type="checkbox"/> Tax Table	<input type="checkbox"/> Tax Rate Schedule		
			<input type="checkbox"/> FTB 3800	<input type="checkbox"/> FTB 3803	31	2,330 -00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	32	62,208	-00	
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	35		55,789	-00
	36	CA Tax Rate. Divide line 31 by line 19	36	.0305		
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37		1,702	-00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	.7293		
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	39		440	-00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40		1,262	-00
41	Tax. See instructions. Check the box if from:	<input type="checkbox"/> Schedule G-1	<input type="checkbox"/> FTB 5870A	41		-00
42	Add line 40 and line 41	42		1,262	-00	

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		-00
	51	Credit for joint custody head of household. See instructions	51		-00
	52	Credit for dependent parent. See instructions ...	52		-00
	53	Credit for senior head of household. See instructions	53		-00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
	55	Credit amount. See instructions	55		-00

Your name:

ISHAAN D. MOTWANI

Your SSN or ITIN:

747805530**Special Credits continued**

58	Enter credit name	code •		and amount	58		•00
59	Enter credit name	code •		and amount	59		•00
60	To claim more than two credits. See instructions				60		•00
61	Nonrefundable renter's credit. See instructions				61		•00
62	Add line 50 and line 55 through 61. These are your total credits				<input checked="" type="radio"/> 62		•00
63	Subtract line 62 from line 42. If less than zero, enter -0-				<input checked="" type="radio"/> 63	1,262	•00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)				71		•00
72	Mental Health Services Tax. See instructions				72		•00
73	Other taxes and credit recapture. See instructions				73		•00
74	Add line 63, line 71, line 72, and line 73. This is your total tax				74	1,262	•00

Payments

81	California income tax withheld. See instructions				81	2,976	•00
82	2018 CA estimated tax and other payments. See instructions				82	0	•00
83	Withholding (Form 592-B and/or 593). See instructions				83		•00
84	Excess SDI (or VPD) withheld. See instructions				84		•00
85	Earned Income Tax Credit (EITC)				85		•00
86	Add lines 81 through 85. These are your total payments. See instructions				<input checked="" type="radio"/> 86	2,976	•00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86				<input checked="" type="radio"/> 101	1,714	•00
102	Amount of line 101 you want applied to your 2019 estimated tax				102		•00
103	Overpaid tax available this year. Subtract line 102 from line 101				103	1,714	•00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74				<input checked="" type="radio"/> 104		•00

Contributions

	<u>Code</u>	<u>Amount</u>	
California Seniors Special Fund. See instructions	400		•00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401		•00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403		•00

Your name:

ISHAAN D. MOTWANI

Your SSN or ITIN:

747805530**Code Amount**

Contributions

California Breast Cancer Research Voluntary Tax Contribution Fund	• 405		• 00
California Firefighters' Memorial Fund	• 406		• 00
Emergency Food for Families Voluntary Tax Contribution Fund	• 407		• 00
California Peace Officer Memorial Foundation Fund	• 408		• 00
California Sea Otter Fund	• 410		• 00
California Cancer Research Voluntary Tax Contribution Fund	• 413		• 00
School Supplies for Homeless Children Fund	• 422		• 00
State Parks Protection Fund/Parks Pass Purchase	• 423		• 00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424		• 00
Keep Arts in Schools Voluntary Tax Contribution Fund	• 425		• 00
State Children's Trust Fund for the Prevention of Child Abuse	• 430		• 00
Prevention of Animal Homelessness and Cruelty Fund	• 431		• 00
Revive the Salton Sea Fund	• 432		• 00
California Domestic Violence Victims Fund	• 433		• 00
Special Olympics Fund	• 434		• 00
Type 1 Diabetes Research Fund	• 435		• 00
California YMCA Youth and Government Voluntary Tax Contribution Fund	• 436		• 00
Habitat for Humanity Voluntary Tax Contribution Fund	• 437		• 00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438		• 00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439		• 00
Rape Backlog Kit Voluntary Tax Contribution Fund	• 440		• 00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441		• 00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	• 442		• 00
Schools Not Prisons Voluntary Tax Contribution Fund	• 443		• 00
120 Add code 400 through code 443. This is your total contribution	• 120		• 00

Your name:

ISHAAN D. MOTWANI

Your SSN or ITIN:

747805530

Amount
You Owe**121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** • 121Pay Online - Go to **ftb.ca.gov/pay** for more information.Interest and
Penalties**122** Interest, late return penalties, and late payment penalties **122****123** Underpayment of estimated tax.Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • **123****124** Total amount due. See instructions. Enclose, but **do not** staple, any payment **124****125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** • **125**Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

• Routing number	• Type	• Account number	• 126 Direct deposit amount
274073834	<input checked="" type="checkbox"/> Checking	541001957464	1,714
	<input type="checkbox"/> Savings		

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

• Routing number	• Type	• Account number	• 127 Direct deposit amount
	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		

IMPORTANT: Attach a copy of your complete federal return.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

• Your email address. Enter only one email address.

ISHAAN.MOTWANI@GMAIL.COM

• Preferred phone number

**Sign
Here**It is unlawful
to forge a
spouse's/
RDP's
signature.Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

SEEMA KADAM

Firm's name (or yours, if self-employed)

DELOITTE TAX SERVICES INDIA PVT. LTD

• PTIN

P01453557

Firm's address

DELOITTE TOWERS, SURVEY #4 HYDERABAD, TELANGANA 50003

• Firm's FEIN

980432569

Joint tax
return?
(See
instructions)Do you want to allow another person to discuss this tax return with us? See instructions • ☒ Yes ☐ No

Print Third Party Designee's Name

SEEMA KADAM

Telephone Number

(678) 299-6000

2018

Wage and Tax Statement

W-2

Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on tax return

SSN or ITIN

ISHAAN D. MOTWANI & ROSHNI J. KOLI

747-80-5530

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.**All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1st W-2	2nd W-2
a. Employee's social security number *	<input checked="" type="radio"/> 747-80-5530	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> 06-1454513	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> DELOITTE CONSULTING LLP	<input type="radio"/>
Address	<input checked="" type="radio"/> 4022 SELLS DRIVE	<input type="radio"/>
City	<input checked="" type="radio"/> HERMITAGE	<input type="radio"/>
State	<input checked="" type="radio"/> TN	<input type="radio"/>
ZIP code	<input checked="" type="radio"/> 37076-2903	<input type="radio"/>
e. Employee's first name *	<input checked="" type="radio"/> ISHAAN	<input type="radio"/>
Middle initial *	<input checked="" type="radio"/> D	<input type="radio"/>
Last name *	<input checked="" type="radio"/> MOTWANI	<input type="radio"/>
Suffix *	<input type="radio"/>	<input type="radio"/>
f. Employee address *	<input checked="" type="radio"/> REGENCY GARDEN MURBAD RD APT	<input type="radio"/>
City *	<input checked="" type="radio"/> KALYAN WEST	<input type="radio"/>
State *	<input type="radio"/>	<input type="radio"/>
ZIP code *	<input type="radio"/>	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 78,125	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 9,693	<input type="radio"/>
3. Social security wages	<input checked="" type="radio"/> 78,125	<input type="radio"/>
4. Social security tax withheld	<input checked="" type="radio"/> 4,844	<input type="radio"/>
6. Medicare tax withheld	<input checked="" type="radio"/> 1,133	<input type="radio"/>

W-2 Information		1st W-2		2nd W-2	
7. Social security tips	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
12. Codes and amounts		Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>	<input type="text" value="DD"/>	<input type="text" value="17,583"/>	<input checked="" type="radio"/>	<input type="text"/>
12b.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
12c.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
12d.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input type="checkbox"/> Retirement plan
	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	<input type="checkbox"/> Third-party sick pay
	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	
14. SDI, VPDI, or CA SDI (from box 14 or 19)	<input checked="" type="radio"/>	Type	Amount	<input checked="" type="radio"/>	Type
	<input checked="" type="radio"/>	<input type="text" value="CASDI"/>	<input type="text" value="586"/>	<input checked="" type="radio"/>	<input type="text"/>
15. State and employer's state ID number	<input checked="" type="radio"/>	State	Employer's state ID number	<input checked="" type="radio"/>	State
	<input checked="" type="radio"/>	<input type="text" value="CA"/>	<input type="text" value="438-5954-5"/>	<input checked="" type="radio"/>	<input type="text"/>
16. State wages, tips, etc.	<input checked="" type="radio"/>	<input type="text" value="62,208"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
17. State income tax	<input checked="" type="radio"/>	<input type="text" value="2,976"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>

2018

California Adjustments - Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

ISHAAN D. MOTWANI & ROSHNI J. KOLI

SSN or ITIN

747 | 80 | 5530

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2018.

During 2018:

1 My California (CA) Residency (Check one)

a Myself: ☒ Nonresident ☐ Part-Year Resident ☐ Residentb Spouse: ☒ Nonresident ☐ Part-Year Resident ☐ Resident
Yourself Spouse/RDP2 a I was domiciled in (enter two letter code, see instructions) ☐ FC ☐ FCb I was in the military and stationed in (enter two letter code) ☐ ☐3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ☐4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) ☐5 I was a CA nonresident the entire year (enter state of residence) ☐ FC ☐ FC6 The number of days I spent in CA for any purpose was: ☐7 I owned a home/property in CA (enter Y for Yes, N for No) ☐ N ☐ N8 Before 2018: I was a CA resident for the period of ☐**Part II** Income Adjustment Schedule**Section A - Income**
from federal Form 1040

	A	B	C	D	E
	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 1	<input checked="" type="radio"/> 85,294	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 85,294	<input checked="" type="radio"/> 62,208
2 Taxable interest. (a) <input type="radio"/> 2(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. (a) <input type="radio"/> 3(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. (a) <input type="radio"/> 4(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> 5(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

Section B - Additional Income
from federal Schedule 1 (Form 1040)

10 Taxable refunds, credits, or offsets of state and local income taxes 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss) 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved 15b					
16a Reserved 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		A	B	C	D	E
Section B - Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18	Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a	Reserved 20b					
21	Other income.					
	a California lottery winnings	a <input type="radio"/>	a <input type="radio"/>	a <input type="radio"/>		
	b Disaster loss deduction from FTB 3805V	b <input type="radio"/>	b <input type="radio"/>	b <input type="radio"/>		
	c Federal NOL (Schedule 1 (Form 1040), line 21)	c <input type="radio"/>	c <input type="radio"/>	c <input type="radio"/>		
	d NOL deduction from FTB 3805V 21	d <input type="radio"/>	d <input type="radio"/>	d <input type="radio"/>	21 <input type="radio"/>	21 <input type="radio"/>
	e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809	e <input type="radio"/>	e <input type="radio"/>	e <input type="radio"/>		
	f Other (describe): <input type="radio"/>	f <input type="radio"/>	f <input type="radio"/>	f <input type="radio"/>		
22	Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 85,294	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 85,294	<input type="radio"/> 62,208
Income Adjustment Schedule						
Section C - Adjustments to Income from federal Schedule 1 (Form 1040)		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23	Educator expenses 23	<input type="radio"/>	<input type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Health savings account deduction Moving expenses. 25	<input type="radio"/>	<input type="radio"/>			
26	Attach federal Form 3903 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Deductible part of self- employment tax 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29	Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30	Penalty on early withdrawal of savings 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a	Alimony paid. b Enter recipient's: SSN <input type="radio"/> Last name <input type="radio"/> 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33	Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	Reserved 34					
35	Reserved 35					
36	Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	Total. Subtract line 36 from line 22 in each column, A through E 37	<input type="radio"/> 85,294	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 85,294	<input type="radio"/> 62,208

Part III Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ... ☒ ☐**A Federal Amounts**
(from federal Schedule A
(Form 1040))**B Subtractions**
See instructions**C Additions**
See instructions**Medical and Dental Expenses**

1 Medical and dental expenses	1			
2 Enter amount from federal Form 1040, line 7	2			
3 Multiply line 2 by 7.5% (0.075)	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4			

Taxes You Paid

5a State and local income tax or general sales taxes	5a	<input checked="" type="radio"/> 5,859	<input checked="" type="radio"/> 5,859	
5b State and local real estate taxes	5b	<input checked="" type="radio"/>		
5c State and local personal property taxes	5c	<input checked="" type="radio"/>		
5d Add lines 5a through 5c	5d	<input checked="" type="radio"/> 5,859		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in col. A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	<input checked="" type="radio"/> 5,859	<input checked="" type="radio"/> 5,859	<input checked="" type="radio"/>
6 Other taxes. List type	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
7 Add lines 5e and 6	7	<input checked="" type="radio"/> 5,859	<input checked="" type="radio"/> 5,859	<input checked="" type="radio"/>

Interest You Paid

8a Home mortgage interest and points reported to you on Form 1098	8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on Form 1098	8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c Points not reported to you on Form 1098	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d Reserved	8d			
8e Add lines 8a through 8c	8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Investment interest	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add lines 8e and 9	10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check	11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check	12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add lines 11 through 13	14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
---	----	----------------------------------	----------------------------------	----------------------------------

Other Itemized Deductions

16 Other - from list in federal instructions	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	<input checked="" type="radio"/> 5,859	<input checked="" type="radio"/> 5,859	<input checked="" type="radio"/>

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C ☒ 18

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions ☐ 19

20 Tax preparation fees ☐ 20

21 Other expenses - investment, safe deposit box, etc. List type ☐ ☐ 21

22 Add lines 19 through 21 ☐ 22

23 Enter amount from federal Form 1040, line 7 ☐

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 ☐ 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 ☐ 25

26 **Total Itemized Deductions.** Add line 18 and line 25 ☐ 26

27 Other adjustments. See instructions. Specify ☐ ☐ 27

28 Combine line 26 and line 27 ☐ 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$194,504
 Head of household \$291,760
 Married/RDP filing jointly or qualifying widow(er) \$389,013
No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 ☐ 29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions \$4,401
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802 ☐ 30

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E ☐ 1

2 Enter your deductions from line 30 ☐ 2

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- ☐ 3

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 ☐ 4

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- ☐ 5

Form	1040	Department of the Treasury - Internal Revenue Service	(99)	2018	OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
	U.S. Individual Income Tax Return					
Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)						
Your first name and initial ISHAAN D.			Last name MOTWANI		Your social security number 747 80 5530	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind						
If joint return, spouse's first name and initial ROSHNI J.			Last name KOLI		Spouse's social security number APPLIED FOR	
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)						
<input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien						
Home address (number and street). If you have a P.O. box, see instructions. REGENCY GARDEN, MURBAD RD					Apt. no. A / 4	Presidential Election Campaign. (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. KALYAN WEST					If more than four dependents, see inst. and / here <input type="checkbox"/>	
Dependents (see instructions):						
(1) First name		Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.): Child tax credit Credit for other dependents	
ELENA I		MOTWANI	141-65-4537	DAUGHTER	<input checked="" type="checkbox"/>	
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
Joint return? See instructions. Keep a copy for your records. <input checked="" type="checkbox"/>		Your signature	Date	Your occupation SENIOR CONSULTANT	If the IRS sent you an Identity Protection PIN, enter it here	
		Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here	
Paid Preparer Use Only						
Preparer's name SEEMA KADAM		Preparer's signature SEEMA KADAM		PTIN P01453557	Firm's EIN 98-0432569	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name DELOITTE TAX SERVICES INDIA PVT. LTD DELOITTE TOWERS, SURVEY #41, GACHIBOWLI				Phone no. (678) 299-6000		
Firm's address HYDERABAD, TELANGANA 500032 INDIA						
LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.						

1		Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	85,294.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	2b	Taxable interest
	3a	Qualified dividends	3a	3b	Ordinary dividends
	4a	IRAs, pensions, and annuities	4a	4b	Taxable amount
	5a	Social security benefits	5a	5b	Taxable amount
6		Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	85,294.
7		Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	85,294.
8		Standard deduction or itemized deductions (from Schedule A)		8	24,000.
9		Qualified business income deduction (see instructions)		9	
10		Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	61,294.
11		a Tax (see inst.) 6,972. (check if any from: 1 Form(s) 8814 2 Form 4972 3)		11	6,972.
12		b Add any amount from Schedule 2 and check here		12	2,586.
13		a Child tax credit/credit for other dependents 2,000. b Add any amount from Sch. 3 and check here		13	4,386.
14		Subtract line 12 from line 11. If zero or less, enter -0-		14	
15		Other taxes. Attach Schedule 4		15	4,386.
16		Total tax. Add lines 13 and 14		16	9,693.
17		Federal income tax withheld from Forms W-2 and 1099		17	
18		Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863		18	9,693.
19		Add any amount from Schedule 5		19	5,307.
20a		Add lines 16 and 17. These are your total payments		20a	5,307.
21		If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
22		Amount of line 19 you want refunded to you. If Form 8888 is attached, check here		22	
23		b Routing number 274073834 c Type: X Checking Savings		23	
24		d Account number 541001957464		24	
25		Amount of line 19 you want applied to your 2019 estimated tax		25	
26		Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		26	
27		Estimated tax penalty (see instructions)		27	

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
Sequence No. **03**

Name(s) shown on Form 1040

ISHAAN D. MOTWANI & ROSHNI J. KOLI

Your social security number

747-80-5530

Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required	48	586.
Credits	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	586.

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

Schedule 3 (Form 1040) 2018

**SCHEDULE 6
(Form 1040)**Department of the Treasury
Internal Revenue Service**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

2018
Attachment
Sequence No. **05A**

Name(s) shown on Form 1040

ISHAAN D. MOTWANI & ROSHNI J. KOLI**Your social security number****747-80-5530****Foreign
Address**

Foreign country name

INDIA

Foreign province/county

US

Foreign postal code

**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 number

name ▶

no. ▶

(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

2018
Attachment
Sequence No. **08**

ISHAAN D. MOTWANI & ROSHNI J. KOLI

747 80 5530

Part I

Interest

- 1** 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 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.

- 2** Add the amounts on line 1
- 3** 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.

Part II

Ordinary Dividends

- 5** List name of payer ►

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

Foreign Accounts and Trusts

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing 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 is located

- 8** 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

Yes	No
X	
	X
	X

827501 10-24-18

Form **1116**Department of the Treasury
Internal Revenue Service (99)**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

2018Attachment
Sequence No. **19**

Name **ISHAAN D. MOTWANI & ROSHNI J. KOLI** Identifying number as shown on page 1 of your tax return **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.

- a ☐ Section 951A income c ☐ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch income d ☒ General category income f ☐ 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.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶ INDIA				
1a Gross income from sources within country shown above and of the type checked above:				
	7,169.			7,169.
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) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	24,000.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	24,000.			
d Gross foreign source income	7,169.			
e Gross income from all sources	85,294.			
f Divide line 3d by line 3e084050461			
g Multiply line 3c by line 3f	2,017.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	2,017.			2,017.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				5,152.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A	12/31/18								647.	647.
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶										647.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

Part 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) (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10		
11 Add lines 9 and 10	11	647.	
12 Reduction in foreign taxes	12		
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		647.
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	5,152.	
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	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 exemption	18	61,294.	
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 are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 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		6,972.
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.			
21 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 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	22		586.

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on section 951A income	23		
24 Credit for taxes on foreign branch income	24		
25 Credit for taxes on passive category income	25		
26 Credit for taxes on general category income	26		
27 Credit for taxes on section 901(j) income	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on lump-sum distributions	29		
30 Add lines 23 through 29	30		
31 Enter the smaller of line 20 or line 30	31		586.
32 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 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a	33		586.

Form **6251**Department of the Treasury
Internal Revenue Service (99)

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2018
Attachment
Sequence No. **32**▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

ISHAAN D. MOTWANI & ROSHNI J. KOLI**747 80 5530****Part I Alternative Minimum Taxable Income**

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	1	61,294.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from 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)	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	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
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.

Part II Alternative Minimum Tax (AMT)

5	Exemption. (If you were under age 24 at the end of 2018, see instructions.)		
	IF your filing status is ... Single or head of household \$500,000 \$70,300 Married filing jointly or qualifying widow(er) ... 1,000,000 109,400 Married filing separately 500,000 54,700 If line 4 is over the amount shown above for your filing status, see instructions.	5	109,400.
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, 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 amount from line 40 here. • 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.	7	0.
8	Alternative minimum tax foreign tax credit (see instructions)	8	
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 line (see instructions)	10	6,386.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	11	0.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**Form **6251** (2018)

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 Worksheet in the instructions.

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: <ul style="list-style-type: none"> • \$77,200 if married filing jointly or qualifying widow(er), • \$38,600 if single or married filing separately, or • \$51,700 if head of household. 	19	
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	
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	
22 Enter the smaller of line 12 or line 13	22	
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	
24 Subtract line 23 from line 22	24	
25 Enter: <ul style="list-style-type: none"> • \$425,800 if single • \$239,500 if married filing separately • \$479,000 if married filing jointly or qualifying widow(er) • \$452,400 if head of household 	25	
26 Enter the amount from line 21	26	
27 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 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	
30 Enter the smaller of line 24 or line 29	30	
31 Multiply line 30 by 15% (0.15)	31	
32 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	
38 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). 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**

OMB No. 1545-0121

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

(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.

2018
Attachment
Sequence No. **19**

Name **ISHAAN D. MOTWANI & ROSHNI J. KOLI** Identifying number as shown on page 1 of your tax return **747-80-5530**

ISHAAN D. MOTWANI & ROSHNI J. KOLI

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.

- a ☐ Section 951A income c ☐ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch income d ☒ General category income f ☐ 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.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶ INDIA				
1a Gross income from sources within country shown above and of the type checked above:				
	7,169.			7,169.
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) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	7,169.			
e Gross income from all sources	85,294.			
f Divide line 3d by line 3e084050461			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 7,169.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A	12/31/18								647.	647.
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶										8 647.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

ALTERNATIVE MINIMUM TAX

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

747-80-5530 Page **2**

Part 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) <u>SEE STATEMENT 2</u> (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10	243.	
11 Add lines 9 and 10	11	890.	
12 Reduction in foreign taxes	12		
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 are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 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 instructions.			
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 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on section 951A income	23		
24 Credit for taxes on foreign branch income	24		
25 Credit for taxes on passive category income	25		
26 Credit for taxes on general category income	26		
27 Credit for taxes on section 901(j) income	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on lump-sum distributions	29		
30 Add lines 23 through 29	30		
31 Enter the smaller of line 20 or line 30	31		0.
32 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 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a	33		0.

Form **1116** (2018)

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

2018
Attachment
Sequence No. **70**

Taxpayer name(s) shown on return
ISHAAN D. MOTWANI & ROSHNI J. KOLI

Taxpayer identification number
747-80-5530

Enter preparer's name and PTIN

SEEMA KADAM

P01453557

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).		EIC	CTC/ ACTC/ODC	AOTC	HOH
1	Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 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 schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • 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 credit(s) and/or HOH filing status and the amount of any credit(s) claimed. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4	Did any 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
b	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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
5	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(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents, if any, that you relied on. _____ _____ _____		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6	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 return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
a	Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
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 the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
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 for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
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 cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of Form 8867;
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing 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 \$520 penalty for each failure 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Allocation of Compensation

Name

ISHAAN D. MOTWANI

747-80-5530

	Total	Before/After Foreign Assignment		During Foreign Assignment	
		U.S.	Foreign	U.S.	Foreign
Wages and Salaries	85,294.	78,125.			7,169.
Cost of Living and Overseas Diff.					
Moving Expense Reimbursement					
Family					
Education					
Home Leave					
Quarters					
Bonus					
Stock Options					
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	0.				
Total Form 1040, Line 1 (or Form 1040NR, Line 8)	85,294.				

Form 1116**U.S. and Foreign Source Income Summary**

NAME

ISHAAN D. MOTWANI & ROSHNI J. KOLI**747-80-5530**

INCOME TYPE	TOTAL	U.S.	FOREIGN 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.
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 Interest			
Ratably Allocated	24,000.	21,983.	2,017.
Total Adjustments to Adjusted Gross Income	24,000.	21,983.	2,017.
Taxable Income	61,294.	56,142.	5,152.

Form 1116

Foreign Wages, Salaries, Business and Profession Income

NAME

ISHAAN D. MOTWANI & ROSHNI J. KOLI

747-80-5530

Wages and Salaries:

Source	Amount
DELOITTE CONSULTING INDIA PVT LTD	7,169.
Total Foreign Wages and Salaries	7,169.

Business and Profession Income:

Source	Amount
Total Foreign Business and Profession Income	

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries	
Foreign Earned Income Exclusion/Deduction	
Percent Applicable to Foreign Wages and Salaries	

Reduction Amount

Wages and Salaries Included on Form 1116, line 1 7,169.

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 LLP	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
CARRYOVER/CARRYBACK

STATEMENT 2

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	0.	0.	0.
2015 ALT. MIN. TAX CREDIT	0.	0.	0.
2014 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	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2018			0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			243.