

2018 TAX RETURN FILING INSTRUCTIONS

INDIANA 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	\$	964
Less: payments and credits	\$	1,017
Plus: interest and penalties	\$	0
Overpayment	\$	53

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	53

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Indiana Dept. of Revenue
P.O. Box 40
Indianapolis, IN 46206-0040

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.

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

STATEMENT REGARDING 2018 INDIANA ELECTRONIC FILING

TAX PREPARATION SOFTWARE WAS UNABLE TO QUALIFY THIS INDIANA TAX RETURN FOR ELECTRONIC FILING THEREFORE A PAPER RETURN IS BEING SUBMITTED TO THE DEPARTMENT OF REVENUE.

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return**

2018

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 15, 2019

from to:

Your Social Security Number **747 80 5530** Spouse's Social Security Number **999 99 9999**

Place "X" in box if applying for ITIN ☒ Place "X" in box if applying for ITIN
Your first name Initial Last name Suffix

ISHAAN D MOTWANI

If filing a joint return, spouse's first name Initial Last name Suffix

ROSHNI J KOLI

Present address (number and street or rural route)

REGENCY GARDEN, MURBAD RD APT.

Place "X" in box if you are married filing separately.

City State Zip/Postal code

KALYAN WEST

Foreign country 2-character code (see instructions)

IN

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2018.

County where you lived **49** County where you worked **49** County where spouse lived **49** County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 35B, and enclose Schedule A _____ **Indiana Income** 1 **19368.00**
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ **Indiana Add-Backs** 2 **.00**
3. Add line 1 and line 2 _____ 3 **19368.00**
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ **Indiana Deductions** 4 **.00**
5. Subtract line 4 from line 3 _____ 5 **19368.00**
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D _____ **Indiana Exemptions** 6 **1022.00**
7. Subtract line 6 from line 5 _____ **Indiana Adjusted Gross Income** 7 **18346.00**
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323)
(if answer is less than zero, leave blank) _____ 8 **593.00**
9. County tax. Enter county tax due from Schedule CT-40PNR
(if answer is less than zero, leave blank) _____ 9 **371.00**
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) 10 **.00**
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 **964.00**



15718111019

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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2976.13			
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Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
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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 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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12. Enter credits from Schedule F, line 9 (enclose schedule) _____	12	1017 .00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13	.00	
14. Add lines 12 and 13 _____ Indiana Credits	14		1017 .00
15. Enter amount from line 11 _____ Indiana Taxes	15		964 .00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		53 .00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ Overpayment	18		53 .00
19. Amount from line 18 to be applied to your 2019 estimated tax account (see instructions).			
Enter your county code _____ county tax to be applied __ \$	a		.00
Spouse's county code _____ county tax to be applied __ \$	b		.00
Indiana adjusted gross income tax to be applied _____ \$	c		.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _____	20		.00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund	21		53 .00
22. Direct Deposit (see instructions)			
a. Routing Number 2 7 4 0 7 3 8 3 4			
b. Account Number 5 4 1 0 0 1 9 5 7 4 6 4			
c. Type: <input checked="" type="checkbox"/> Checking Savings Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23		.00
24. Penalty if filed after due date (see instructions) _____	24		.00
25. Interest if filed after due date (see instructions) _____	25		.00
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26		.00
Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.			

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN D MOTWANI & ROSHNI J KOLI

747 80 5530

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2018 federal income tax return, Form 1040 and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

		Column A Income from Federal Return		Column B Income Taxed by Indiana
1. Your wages, salaries, tips, commissions, etc _____	1A	85294.00	1B	19368.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	85294.00	21B	19368.00



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Proration Section See instructions.21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____ 21C .0021D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 _____ 21D .227**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2018 federal income tax return, Form 1040, and Form 1040 Schedule 1. Round all entries.

	Column A Federal Adjustments	Column B Indiana Adjustments
22. Educator expenses (see instructions) _____ 22A	.00	22B .00
23. Certain business expenses of reservists, performing artists, etc _____ 23A	.00	23B .00
24. Health savings account deduction _____ 24A	.00	24B .00
25. Moving expenses (see instructions) _____ 25A	.00	25B .00
26. Deductible part of self-employment tax _____ 26A	.00	26B .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____ 27A	.00	27B .00
28. Self-employed health insurance deduction _____ 28A	.00	28B .00
29. Penalty on early withdrawal of savings _____ 29A	.00	29B .00
30. Alimony paid _____ 30A	.00	30B .00
31. IRA deduction _____ 31A	.00	31B .00
32. Student loan interest deduction (see instructions) _____ 32A	.00	32B .00
33. Other (see instructions) _____ 33A	.00	33B .00
34. Add lines 22 through 33 _____ 34A	.00	34B .00

Section 3: Totals35. Subtract line 34 from line 21 of Section 1. Carry
amount from line 35B to Form IT-40PNR, line 1 _____ 35A 85294 .00 35B 19368 .00

Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN D MOTWANI & ROSHNI J KOLI

747 80 5530

**Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.**

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 _____ 1 2000 .00
2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 1 x \$1000 _____ 2 1000 .00
You **MUST** enclose Schedule IN-DEP.
3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2018,
 - or a full-time student who was under the age of 24 by Dec. 31, 2018, and
 - who you are eligible to claim as a dependent on line 2 above.
- Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. 1 x \$1500 _____ 3 1500 .00
4. Place "X" in box(es) below if, by December 31, 2018
- You were age 65 or older and/or blind
- Spouse was 65 or older and/or blind
- Total number of boxes with Xs x \$1000 _____ 4 .00
5. If age 65 or older, enter amount from Schedule A, line 35A \$
If this amount is less than \$40,000, place "X" in box(es) below if:
- You were age 65 or older
- Spouse was 65 or older
- Total number of boxes with Xs x \$500 _____ 5 .00
6. Add lines 1, 2, 3, 4 and 5 _____ 6 4500 .00
7. Enter the number from Schedule A, Proration Section, line 21D _____ 7 .227
8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6 _____ **Total Exemptions** 8 1022 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN D MOTWANI & ROSHNI J KOLI

747 80 5530

Round all entries

- | | | |
|--|---|----------|
| 1. Indiana state tax withheld: enclose W-2s and/or 1099s showing state tax withholding amounts ____ | 1 | 626 .00 |
| 2. Indiana county tax withheld: enclose W-2s and/or 1099s showing county tax withholding amts. ____ | 2 | 391 .00 |
| 3. Estimated tax paid for 2018: include any extension payment made with Form IT-9 _____ | 3 | .00 |
| 4. Unified tax credit for the elderly _____ | 4 | .00 |
| 5. Earned income credit: see instructions | | |
| Enter earned income credit from | | |
| Schedule IN-EIC, line A-3 _____ Box A | | .00 |
| Enter number from Schedule A, Proration Section, line 21D _____ Box B . | | |
| Multiply Box A by Box B, enter total here _____ | 5 | .00 |
| 6. Lake County residential income tax credit _____ | 6 | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____ | 7 | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 8 | .00 |
| 9. Add lines 1 through 8. Enter total here and on Form IT-40PNR, line 12 _____ Total Credits | 9 | 1017 .00 |

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

- | | | | | |
|---|----------|----|-----|-----|
| a. Enter fund name | code no. | 1a | .00 | |
| b. Enter fund name | code no. | 1b | .00 | |
| c. Enter fund name | code no. | 1c | .00 | |
| d. Enter fund name | code no. | 1d | .00 | |
| 2. Add lines 1a through 1d. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations | | | 2 | .00 |



Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN D MOTWANI & ROSHNI J KOLI

747 80 5530

**Section 1: Residency
Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2018. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)			Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
IL	01	01	2018	06	01	2018	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IN	06	02	2018	12	31	2018	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Your information

(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
1A IN	01	01	2018	03	03	2018	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1B			2018			2018	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1C			2018			2018	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1D			2018			2018	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Spouse's information if married filing jointly

(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
2A IN	01	01	2018	03	03	2018	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2B			2018			2018	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2C			2018			2018	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2D			2018			2018	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2018? Place "X" in appropriate box. Yes ☒ No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Date of death

If any individual listed at the top of the IT-40PNR died *during* 2018, enter date of death (MM/DD).

Taxpayer's date of death

2018

Spouse's date of death

2018

5. Professional Team Member

Place "X" in box if you and/or your spouse are professional team members.

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**6. Your daytime
telephone number**

**Your email
address**

ISHAAN.MOTWANI@GMAIL.C

I authorize the Department to discuss my return with my personal representative.

Paid Preparer: Firm's Name (or yours if self-employed)

Yes No ☒ If yes, complete the information below.

DELOITTE TAX SERVICES INDIA PVT LT

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

PTIN P01453557

Telephone
number

Address DELOITTE TOWERS, SURVEY #41,

Address

City HYDERABAD

City

State Zip Code 500032

State

Zip Code

Preparer's
signature SEEMA KADAM



County Tax Schedule for Part-Year
and Full-Year Indiana Nonresidents **2018**

Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN D MOTWANI & ROSHNI J KOLI

747 80 5530

SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2018.

	Column A - Yourself	Column B - Spouse's
1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) _____	1A 18346 .00	1B .00
2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2018 ____	2A .0202000	2B .0202000
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A 371 .00	3B .00
4. Add lines 3A and 3B. Enter the total here. Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6. Otherwise, enter the total here and on line 7 below. _____	4	371 .00
5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____	5	.00
6. Multiply line 5 by .0181 and enter total here _____	6	.00
7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____	7	371 .00

SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2018, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2018.

	Column A - Yourself	Column B - Spouse's
1. Enter your principal employment income (see instructions) _____	1A .00	1B .00
2. Enter deductions. See the complete list of allowable deductions in the instructions _____	2A .00	2B .00
3. Subtract line 2 from line 1 _____	3A .00	3B .00
4. Enter some or all of the exemptions from line 8 of Schedule D (see instructions) _____	4A .00	4B .00
5. Subtract line 4 from line 3 (if less than zero, leave blank) _____	5A .00	5B .00
6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2018 ____	6A .	6B .
7. Multiply the income on line 5 by the rate on line 6 _____	7A .00	7B .00
8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) ____	8	.00



16818111019

**Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information**

2018

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

ISHAAN D MOTWANI & ROSHNI J KOLI

747 80 5530

Dependent's First Name

Dependent's Last Name

1A. ELENA I

1B. MOTWANI

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

1C. 141 65 4537

1D. 07 20 2017

1E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 1E. ☒

Dependent's First Name

Dependent's Last Name

2A.

2B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

2C.

2D.

2E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 2E.

Dependent's First Name

Dependent's Last Name

3A.

3B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

3C.

3D.

3E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 3E.

Dependent's First Name

Dependent's Last Name

4A.

4B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

4C.

4D.

4E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 4E.

Dependent's First Name

Dependent's Last Name

5A.

5B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

5C.

5D.

5E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 5E.

6. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 6**

1

7. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 2E, 3E, 4E, and 5E, if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 7**

1



25618111019

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.

**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.
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**

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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 1</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)

FORM 1116	ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT CARRYOVER/CARRYBACK	STATEMENT 1
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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.