

# 2018 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

**FOR THE YEAR ENDING**

December 31, 2018

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**Prepared For:**

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

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**Prepared By:**

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

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**Amount of Tax:**

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

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**Overpayment:**

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

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

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

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**Return Must Be Mailed On Or Before:**

April 15, 2019

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**Special Instructions:**

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

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

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► **For use by individuals who are not U.S. citizens or permanent residents.**  
► **See separate instructions.**

**An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.**

**Before you begin:**

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- ☐ Apply for a New ITIN  
☐ Renew an Existing ITIN

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a** ☐ Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** ☐ Nonresident alien filing a U.S. federal tax return
- c** ☐ U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** ☐ Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► \_\_\_\_\_
- e** ☐ Spouse of U.S. citizen/resident alien } \_\_\_\_\_
- f** ☐ Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** ☐ Dependent/spouse of a nonresident alien holding a U.S. visa
- h** ☐ Other (see instructions) ► \_\_\_\_\_
- Additional information for **a** and **f**: Enter treaty country ► \_\_\_\_\_ and treaty article number ► \_\_\_\_\_

<b>Name</b> (see instructions)  Name at birth if different . . . ►	<b>1a</b> First name	Middle name	Last name
	<b>1b</b> First name	Middle name	Last name
<b>Applicant's mailing address</b>	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
<b>Foreign (non-U.S.) address</b> (if different from above) (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
<b>Birth information</b>	<b>4</b> Date of birth (month / day / year)	Country of birth	City and state or province (optional)
			<b>5</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Other information</b>	<b>6a</b> Country(ies) of citizenship	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date
	<b>6d</b> Identification document(s) submitted (see instructions) <input type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States (MM/DD/YYYY): _____ / ____ / ____		
	Issued by: _____ No.: _____ Exp. date: _____ / ____ / ____		
	<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSIN)? <input type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
	<b>6f</b> Enter ITIN and/or IRSIN ► <b>ITIN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>IRSIN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> and name under which it was issued ► _____ First name Middle name Last name		
	<b>6g</b> Name of college/university or company (see instructions) _____ City and state Length of stay _____		
<b>Sign Here</b>  Keep a copy for your records.	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.		
	Signature of applicant (if delegate, see instructions) Name of delegate, if applicable (type or print)	Date (month / day / year) ____ / ____ / ____ Delegate's relationship to applicant _____	Phone number _____ <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney
<b>Acceptance Agent's Use ONLY</b>	Signature	Date (month / day / year) ____ / ____ / ____	Phone _____ Fax _____
	Name and title (type or print)	Name of company	EIN _____ Office Code _____
			PTIN _____

Form <b>1040</b>	Department of the Treasury - Internal Revenue Service	(99)	<b>2018</b>	OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
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 <b>ISHAAN D.</b>		Last name <b>MOTWANI</b>		Your social security number <b>747 80 5530</b>	
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 <b>ROSHNI J.</b>		Last name <b>KOLI</b>		Spouse's social security number <b>APPLIED FOR</b>	
<input type="checkbox"/> 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 type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)			
Home address (number and street). If you have a P.O. box, see instructions. <b>REGENCY GARDEN, MURBAD RD</b>				Apt. no. <b>A / 4</b>	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. <b>KALYAN WEST</b>				If more than four dependents, see inst. and / here <input type="checkbox"/>	
Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) / if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>ELENA I</b>	<b>MOTWANI</b>	<b>141-65-4537</b>	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>	
<b>Sign Here</b> Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature		Date	Your occupation <b>SENIOR CONSULTANT</b>		If the IRS sent you an Identity Protection PIN, enter it here
Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here
Preparer's name <b>SEEMA KADAM</b>		Preparer's signature <b>SEEMA KADAM</b>		PTIN <b>P01453557</b>	Firm's EIN <b>98-0432569</b>
Firm's name <b>DELOITTE TAX SERVICES INDIA PVT. LTD</b> <b>DELOITTE TOWERS, SURVEY #41, GACHIBOWLI</b> <b>HYDERABAD, TELANGANA 500032 INDIA</b>				Phone no. <b>(678) 299-6000</b>	
Firm's address					
LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.					

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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records					

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		
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06-1454513			00437795		
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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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return					

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		
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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					
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e Employee's first name and initial Last name Suff.					
Ishaan Motwani 2000 Winward way San Mateo CA 94404					
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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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return					

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		
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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					
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Ishaan Motwani 2000 Winward way San Mateo CA 94404					
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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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return					

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	
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78124.97		1132.81	
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747-80-5530			
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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	
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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	
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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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records			

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16 State wages, tips, etc.		19 Local income tax	
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17 State income tax		20 Locality name	
2976.13			
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

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	
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747-80-5530			
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06-1454513		00437795	
c Employer's name, address, and ZIP code			
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
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11 Nonqualified plans		12a See instructions for box 12	
		DD 17583.17	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return			

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	
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a Employee's SSA number		Employer use only	
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06-1454513		00437795	
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Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
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		12d	
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Ishaan Motwani 2000 Winward way San Mateo CA 94404			
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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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
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a Employee's SSA number 747-80-5530			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00437795		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9 Verification code			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b		
14 Other			12c		
			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 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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
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7 Social security tips			8 Allocated tips		
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14 Other			12c		
			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 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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
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a Employee's SSA number 747-80-5530			Employer use only		
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c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
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11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b		
14 Other			12c		
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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 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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
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13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b		
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e Employee's first name and initial Last name Suff. Ishaan Motwani 2000 Winward way San Mateo CA 94404					
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15 State IN	Employer's state ID 0103847715-002		18 Local wages, tips, etc 19368.12		
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Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
a Employee's SSA number 747-80-5530			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00437795		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9 Verification code			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b		
14 Other			12c		
			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 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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
a Employee's SSA number 747-80-5530			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00437795		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9 Verification code			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b		
14 Other			12c		
			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 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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
a Employee's SSA number 747-80-5530			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00437795		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9 Verification code			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b		
14 Other			12c		
			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 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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return					

1 Wages, tips, other compensation			2 Federal Income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips			6 Medicare tax withheld		
a Employee's SSA number 747-80-5530			Employer use only		
b Employer's FED ID number 06-1454513			d Control number 00437795		
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903					
7 Social security tips			8 Allocated tips		
9 Verification code			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b		
14 Other			12c		
			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 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 <b>W-2 Wage and Tax Statement 2018</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return					

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	
	3a	Qualified dividends	3a	3b	
	4a	IRAs, pensions, and annuities	4a	4b	
	5a	Social security benefits	5a	5b	
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](http://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](http://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**

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

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](http://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](http://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

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](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

**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**

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 ▶ <b>INDIA</b>				
1a Gross income from sources within country shown above and of the type checked above:				
	<b>7,169.</b>			<b>7,169.</b>
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"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) .....				
3 Pro rata share of other deductions <b>not definitely related:</b>				
a Certain itemized deductions or standard deduction .....	<b>24,000.</b>			
b Other deductions (attach statement) .....				
c Add lines 3a and 3b .....	<b>24,000.</b>			
d Gross foreign source income .....	<b>7,169.</b>			
e Gross income from all sources .....	<b>85,294.</b>			
f Divide line 3d by line 3e .....	<b>.084050461</b>			
g Multiply line 3c by line 3f .....	<b>2,017.</b>			
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 .....	<b>2,017.</b>			<b>2,017.</b>
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				<b>5,152.</b>

**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								<b>647.</b>	<b>647.</b>
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶										<b>647.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

**Part III Figuring the Credit**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	<b>647.</b>	
<b>10</b> Carryback or carryover (attach detailed computation) ..... (If your income was section 951A income (box a above Part I), leave line 10 blank.)	<b>10</b>		
<b>11</b> Add lines 9 and 10 .....	<b>11</b>	<b>647.</b>	
<b>12</b> Reduction in foreign taxes .....	<b>12</b>		
<b>13</b> Taxes reclassified under high tax kickout .....	<b>13</b>		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		<b>647.</b>
<b>15</b> 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 .....	<b>15</b>	<b>5,152.</b>	
<b>16</b> Adjustments to line 15 .....	<b>16</b>		
<b>17</b> 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.) .....	<b>17</b>	<b>5,152.</b>	
<b>18</b> <b>Individuals:</b> Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....	<b>18</b>	<b>61,294.</b>	
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		<b>.08405</b>
<b>20</b> <b>Individuals:</b> 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. <b>Estates and trusts:</b> 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 .....	<b>20</b>		<b>6,972.</b>
<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		<b>586.</b>
<b>22</b> Enter the <b>smaller</b> 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 .....	<b>22</b>		<b>586.</b>

**Part IV Summary of Credits From Separate Parts III**

<b>23</b> Credit for taxes on section 951A income .....	<b>23</b>		
<b>24</b> Credit for taxes on foreign branch income .....	<b>24</b>		
<b>25</b> Credit for taxes on passive category income .....	<b>25</b>		
<b>26</b> Credit for taxes on general category income .....	<b>26</b>		
<b>27</b> Credit for taxes on section 901(j) income .....	<b>27</b>		
<b>28</b> Credit for taxes on certain income re-sourced by treaty .....	<b>28</b>		
<b>29</b> Credit for taxes on lump-sum distributions .....	<b>29</b>		
<b>30</b> Add lines 23 through 29 .....	<b>30</b>		
<b>31</b> Enter the <b>smaller</b> of line 20 or line 30 .....	<b>31</b>		<b>586.</b>
<b>32</b> Reduction of credit for international boycott operations .....	<b>32</b>		
<b>33</b> Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . 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 .....	<b>33</b>		<b>586.</b>

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](http://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**

<b>1</b> 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.)	<b>1</b>	<b>61,294.</b>
<b>2a</b> If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	<b>2a</b>	<b>24,000.</b>
<b>b</b> Tax refund from Schedule 1 (Form 1040), line 10 or line 21	<b>2b</b>	
<b>c</b> Investment interest expense (difference between regular tax and AMT)	<b>2c</b>	
<b>d</b> Depletion (difference between regular tax and AMT)	<b>2d</b>	
<b>e</b> Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	<b>2e</b>	
<b>f</b> Alternative tax net operating loss deduction	<b>2f</b>	
<b>g</b> Interest from specified private activity bonds exempt from the regular tax	<b>2g</b>	
<b>h</b> Qualified small business stock, see instructions	<b>2h</b>	
<b>i</b> Exercise of incentive stock options (excess of AMT income over regular tax income)	<b>2i</b>	
<b>j</b> Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	<b>2j</b>	
<b>k</b> Disposition of property (difference between AMT and regular tax gain or loss)	<b>2k</b>	
<b>l</b> Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	<b>2l</b>	
<b>m</b> Passive activities (difference between AMT and regular tax income or loss)	<b>2m</b>	
<b>n</b> Loss limitations (difference between AMT and regular tax income or loss)	<b>2n</b>	
<b>o</b> Circulation costs (difference between regular tax and AMT)	<b>2o</b>	
<b>p</b> Long-term contracts (difference between AMT and regular tax income)	<b>2p</b>	
<b>q</b> Mining costs (difference between regular tax and AMT)	<b>2q</b>	
<b>r</b> Research and experimental costs (difference between regular tax and AMT)	<b>2r</b>	
<b>s</b> Income from certain installment sales before January 1, 1987	<b>2s</b>	
<b>t</b> Intangible drilling costs preference	<b>2t</b>	
<b>3</b> Other adjustments, including income-based related adjustments	<b>3</b>	
<b>4</b> <b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	<b>4</b>	<b>85,294.</b>

**Part II Alternative Minimum Tax (AMT)**

<b>5</b> Exemption. (If you were under age 24 at the end of 2018, see instructions.)		
<b>IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...</b> 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 <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	<b>109,400.</b>
<b>6</b> 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	<b>6</b>	<b>0.</b>
<b>7</b> • 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. • <b>All others:</b> 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.	<b>7</b>	<b>0.</b>
<b>8</b> Alternative minimum tax foreign tax credit (see instructions)	<b>8</b>	
<b>9</b> Tentative minimum tax. Subtract line 8 from line 7	<b>9</b>	<b>0.</b>
<b>10</b> 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)	<b>10</b>	<b>6,386.</b>
<b>11</b> <b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	<b>11</b>	<b>0.</b>

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.

<b>12</b> 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 .....	<b>12</b>	
<b>13</b> 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 .....	<b>13</b>	
<b>14</b> 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 .....	<b>14</b>	
<b>15</b> 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 <b>smaller</b> 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 .....	<b>15</b>	
<b>16</b> Enter the <b>smaller</b> of line 12 or line 15 .....	<b>16</b>	
<b>17</b> Subtract line 16 from line 12 .....	<b>17</b>	
<b>18</b> 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 .....	<b>18</b>	
<b>19</b> Enter: <ul style="list-style-type: none"> <li>• \$77,200 if married filing jointly or qualifying widow(er),</li> <li>• \$38,600 if single or married filing separately, or</li> <li>• \$51,700 if head of household.</li> </ul> .....	<b>19</b>	
<b>20</b> 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 .....	<b>20</b>	
<b>21</b> Subtract line 20 from line 19. If zero or less, enter -0- .....	<b>21</b>	
<b>22</b> Enter the <b>smaller</b> of line 12 or line 13 .....	<b>22</b>	
<b>23</b> Enter the <b>smaller</b> of line 21 or line 22. This amount is taxed at 0% .....	<b>23</b>	
<b>24</b> Subtract line 23 from line 22 .....	<b>24</b>	
<b>25</b> Enter: <ul style="list-style-type: none"> <li>• \$425,800 if single</li> <li>• \$239,500 if married filing separately</li> <li>• \$479,000 if married filing jointly or qualifying widow(er)</li> <li>• \$452,400 if head of household</li> </ul> .....	<b>25</b>	
<b>26</b> Enter the amount from line 21 .....	<b>26</b>	
<b>27</b> 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 .....	<b>27</b>	
<b>28</b> Add line 26 and line 27 .....	<b>28</b>	
<b>29</b> Subtract line 28 from line 25. If zero or less, enter -0- .....	<b>29</b>	
<b>30</b> Enter the smaller of line 24 or line 29 .....	<b>30</b>	
<b>31</b> Multiply line 30 by 15% (0.15) .....	<b>31</b>	
<b>32</b> Add lines 23 and 30 .....	<b>32</b>	
<b>If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.</b>		
<b>33</b> Subtract line 32 from line 22 .....	<b>33</b>	
<b>34</b> Multiply line 33 by 20% (0.20) .....	<b>34</b>	
<b>If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.</b>		
<b>35</b> Add lines 17, 32, and 33 .....	<b>35</b>	
<b>36</b> Subtract line 35 from line 12 .....	<b>36</b>	
<b>37</b> Multiply line 36 by 25% (0.25) .....	<b>37</b>	
<b>38</b> Add lines 18, 31, 34, and 37 .....	<b>38</b>	
<b>39</b> 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 .....	<b>39</b>	
<b>40</b> Enter the <b>smaller</b> 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 .....	<b>40</b>	

## ALTERNATIVE MINIMUM TAX

## Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

Form

1116

Department of the Treasury  
Internal Revenue Service (99)

▶ 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 &amp; 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"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) .....				
3 Pro rata share of other deductions <b>not definitely related:</b>				
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 3e .....	.084050461			
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**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	647.	
<b>10</b> 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.)	<b>10</b>	243.	
<b>11</b> Add lines 9 and 10 .....	<b>11</b>	890.	
<b>12</b> Reduction in foreign taxes .....	<b>12</b>		
<b>13</b> Taxes reclassified under high tax kickout .....	<b>13</b>		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		890.
<b>15</b> 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 .....	<b>15</b>	7,169.	
<b>16</b> Adjustments to line 15 .....	<b>16</b>		
<b>17</b> 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.) .....	<b>17</b>	7,169.	
<b>18</b> <b>Individuals:</b> Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....	<b>18</b>	85,294.	
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		.08405
<b>20</b> <b>Individuals:</b> 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. <b>Estates and trusts:</b> 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 .....	<b>20</b>		
<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		
<b>22</b> Enter the <b>smaller</b> 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 .....	<b>22</b>		0.

**Part IV Summary of Credits From Separate Parts III**

<b>23</b> Credit for taxes on section 951A income .....	<b>23</b>		
<b>24</b> Credit for taxes on foreign branch income .....	<b>24</b>		
<b>25</b> Credit for taxes on passive category income .....	<b>25</b>		
<b>26</b> Credit for taxes on general category income .....	<b>26</b>		
<b>27</b> Credit for taxes on section 901(j) income .....	<b>27</b>		
<b>28</b> Credit for taxes on certain income re-sourced by treaty .....	<b>28</b>		
<b>29</b> Credit for taxes on lump-sum distributions .....	<b>29</b>		
<b>30</b> Add lines 23 through 29 .....	<b>30</b>		
<b>31</b> Enter the <b>smaller</b> of line 20 or line 30 .....	<b>31</b>		0.
<b>32</b> Reduction of credit for international boycott operations .....	<b>32</b>		
<b>33</b> Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . 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 .....	<b>33</b>		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](http://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
<b>1</b>	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			
<b>2</b>	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			
<b>3</b>	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	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			
<b>a</b>	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>b</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			
<b>5</b>	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			
<b>6</b>	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			
<b>7</b>	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			
<b>a</b>	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			
<b>8</b>	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
<b>9a</b> 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>b</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			
<b>c</b> 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
<b>10</b> 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		
<b>11</b> 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		
<b>12</b> 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
<b>13</b> 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
<b>14</b> 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.

<b>15</b> 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
---	---

OMB No. 1545-2200

Attachment  
Sequence No. **173**

Name(s) on tax return <b>ISHAAN D. MOTWANI &amp; ROSHNI J. KOLI</b>	Tax year of return <b>2018</b>	Taxpayer's identifying number <b>747-80-5530</b>
Preparer's name <b>SEEMA KADAM</b>		Preparer Tax Identification Number (PTIN) <b>P01453557</b>

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

c ☒ Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

SPOUSE DOES NOT HAVE SSN/ITIN

## Allocation of Compensation

Name

**ISHAAN D. MOTWANI**

**747-80-5530**

	Total	Before/After Foreign Assignment		During Foreign Assignment	
		U.S.	Foreign	U.S.	Foreign
Wages and Salaries .....	<b>85,294.</b>	<b>78,125.</b>			<b>7,169.</b>
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 .....	<b>85,294.</b>	<b>78,125.</b>			<b>7,169.</b>
Moving Expense Reimbursement					
Stock Options .....					
Bonus .....					
Total Compensation .....	<b>85,294.</b>	<b>78,125.</b>			<b>7,169.</b>
Spouse's Compensation .....	<b>0.</b>				
Total Form 1040, Line 1 (or Form 1040NR, Line 8) .....	<b>85,294.</b>				

**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.

NAME

ISHAAN D. MOTWANI &amp; ROSHNI J. KOLI

747-80-5530

## Foreign Income Category

## GENERAL LIMITATION INCOME

Regular	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						647.
2. FTC carryback to 2018 for amended returns ...						
3. Reduction in foreign taxes .....						
4. Foreign tax available ...						647.
5. Maximum credit allowable						586.
6. Unused foreign tax ( + ) or excess of limit ( - ) ...						61.
7. Foreign tax carryback ...						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining .....						61.
Total foreign taxes from all available years to be carried to next year .....						61.

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

NAME

ISHAAN D. MOTWANI &amp; ROSHNI J. KOLI

747-80-5530

## Foreign Income Category

## GENERAL LIMITATION INCOME

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

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



## Form 1116

## Foreign Wages, Salaries, Business and Profession Income

NAME

ISHAAN D. MOTWANI &amp; 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.