

# 2019 TAX RETURN FILING INSTRUCTIONS

GEORGIA INCOME TAX RETURN

**FOR THE YEAR ENDING**

December 31, 2019

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**Prepared For:**

UMESH PRATAP & Sushama Umesh RANE  
Addison Lane Apt. No. 2535  
Johns Creek, GA 30005

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**Prepared By:**

Deloitte Tax LLP  
30 Rockefeller Plaza  
New York, NY 10112-0015

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**Amount of Tax:**

Total tax	\$	2,879
Less: payments and credits	\$	3,485
Plus: interest and penalties	\$	0
Overpayment	\$	606

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**Overpayment:**

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	606

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**Make Check Payable To:**

Not applicable

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

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

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

Return Form GA 8453 to us by April 15, 2020.

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**Special Instructions:**

Your refund will be deposited directly into your account ending in 7284.

PLEASE DO NOT MAIL!

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

GA-8453 2019

IRS DCN OR SUBMISSION ID

Grid for IRS DCN or Submission ID

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

Table with 3 columns: First Name and Initial, Last Name, Social Security Number, etc. Includes taxpayer info for UMESH PRATAP RANE.

PART I TAX RETURN INFORMATION

Table with 2 columns: Line number and Amount. Includes Federal Adjusted Gross Income (70,534), Georgia Taxable Income (54,142), Net Georgia Tax (2,879), Balance Due, and Refund (606).

PART II DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2019 Georgia Income Tax Return.

SIGN HERE TAXPAYER'S SIGNATURE UMESH PRATAP RANE Date SPOUSE'S SIGNATURE UMESH.RANE@GMAIL.COM Date EMAIL ADDRESS

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

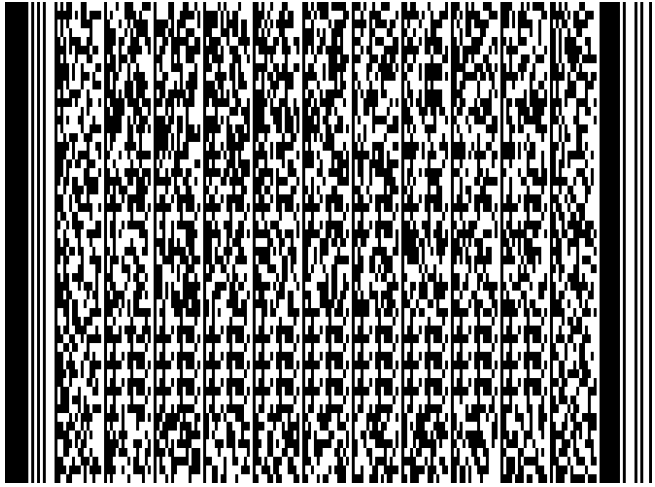
ERO's Use Only ERO's Signature LAIWAH LAU Date 02/27/20 Firm's Name DELOITTE TAX LLP Check also if paid preparer [X] Address 30 ROCKEFELLER PLAZA FEIN/PTIN 86-1065772 City, State, & ZIP Code NEW YORK, NY 10112-0015 SSN/TIN P00639409

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

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

GA-8453 (REV 09/23/19)

KEEP A COPY WITH YOUR RECORDS



**Georgia Form 500** (Rev. 06/20/19)  
**Individual Income Tax Return**  
 Georgia Department of Revenue  
**2019** (Approved software version)  
**Page 1**

Fiscal Year Beginning 01/01/2019  
 Fiscal Year Ending 12/31/2019

STATE GA  
 ISSUED  
 YOUR DRIVER'S LICENSE/STATE ID 060478855

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER  
 1. UMESH PRATAP 543-87-8892

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX  
 RANE

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER  
 SUSHAMA UMESH 963-97-2955

LAST NAME SUFFIX  
 RANE

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)  CHECK IF ADDRESS HAS CHANGED  
 2. ADDISON LANE  
 APT. 2535

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE  
 3. JOHNS CREEK GA 30005

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 1  
 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

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

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

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

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) ..... 7a. 1



**YOUR SOCIAL SECURITY NUMBER**  
 543-87-8892

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

<b>First Name, MI.</b> TANISHA UMESH	<b>Last Name</b> RANE
<b>Social Security Number</b> 963-97-2990	<b>Relationship to You</b> DAUGHTER

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

**INCOME COMPUTATIONS**

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

8. Federal adjusted gross income (From Federal Form 1040) .....	8.	70534
<b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b>		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....	9.	8
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) .....	10.	70542
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) .....	11a.	6000
<b>(See IT-511 Tax Booklet)</b>		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300= .....	11b.	
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b) .....	11c.	6000
<b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>		
a. Federal Itemized Deductions (Schedule A - Form 1040) .....	12a.	
b. Less adjustments: (See IT-511 Tax Booklet) .....	12b.	
c. Georgia Total Itemized Deductions .....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance .....	13.	64542



**YOUR SOCIAL SECURITY NUMBER**  
 543-87-8892

**Page 3**

14a. Enter the number from Line 6c. <b>2</b> Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. <b>1</b> Multiply by \$3,000	14b.	3000
14c. Add Lines 14a. and 14b. Enter total	14c.	10400
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	54142
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	54142
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	2879
17. Low Income Credit	17a. 17b.	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	2879

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

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
223658826		
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
0893880N		
4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME
68208		
5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD
3485		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.  
**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**



**YOUR SOCIAL SECURITY NUMBER**  
 543-87-8892

(INCOME STATEMENT D)

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

(INCOME STATEMENT E)

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

(INCOME STATEMENT F)

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

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

23. Georgia Income Tax Withheld on Wages and 1099s .....	23.	3485
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld .....	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2019 and Form IT-560 .....	25.	
26. Schedule 2B Refundable Tax Credits .....	26.	
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26) .....	27.	3485
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due .....	28.	
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.	606
30. Amount to be credited to 2020 ESTIMATED TAX .....	30.	
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) .....	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) .....	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00) .....	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) .....	36.	
37. Saving the Cure Fund (No gift of less than \$1.00) .....	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program .....	38.	
(No gift of less than \$1.00)		

945012 09-11-19



**YOUR SOCIAL SECURITY NUMBER**  
543-87-8892

**Page 5**

- 39. Public Safety Memorial Grant (No gift of less than \$1.00) ..... 39.
- 40. Form 500 UET (Estimated tax penalty)  500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE ..... 41.

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

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

606

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

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

Type: Checking  Savings   
 Routing Number 061000052  
 Account Number 334048067284

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

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

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number

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

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

Taxpayer's E-mail Address  
**UMESH.RANE@GMAIL.COM**

LAIWAH LAU  
Signature of Preparer

Preparer's Phone Number  
212-492-4000

Name of Preparer Other Than Taxpayer  
**LAIWAH LAU**

Preparer's FEIN  
86-1065772

Preparer's Firm Name  
**DELOITTE TAX LLP**

Preparer's SSN/PTIN/SIDN  
P00639409



**SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW**

See IT-511 Tax Booklet

**ADDITIONS to INCOME**

1. Interest on Non-Georgia Municipal and State Bonds	..... <b>STMT 1</b> .....	1.	8
2. Lump Sum Distributions	.....	2.	
3. Reserved	.....	3.	
4. Net operating loss carryover deducted on Federal return	.....	4.	
5. Other (Specify)	.....	5.	
6. Total Additions (Enter sum of Lines 1-5 here)	.....	6.	8

**SUBTRACTION from INCOME**

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.			
a. Self: Date of Birth	Date of Disability:	Type of Disability:	
			7a.
b. Spouse: Date of Birth	Date of Disability:	Type of Disability:	
			7b.
8. Social Security Benefits (Taxable portion from Federal return)	.....	8.	
9. Path2College 529 Plan	.....	9.	
10. Interest on United States Obligations (See IT-511 Tax Booklet)	.....	10.	
11. Reserved	.....	11.	
12. Other Adjustments (Specify)	Adjustment	Amount	
	Adjustment	Amount	
	Adjustment	Amount	
	Adjustment	Amount	
	Total	12.	
13. Total Subtractions (Enter sum of Lines 7-12 here)	.....	13.	
14. Net Adjustments (Line 6 less Line 13).			
Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X	.....	14.	8



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GA 500	INTEREST ON NON-GA MUNICIPAL AND STATE BONDS	STATEMENT 1
<u>DESCRIPTION</u>		<u>AMOUNT</u>
WEALTHFRONT BROKERAGE LLC		8.
TOTAL TO FORM 500, SCHEDULE 1, LINE 1		8.

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**2019**

(Attach this form to Form 500 or 501)

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

**HOW TO FIGURE YOUR UNDERPAYMENT**  
 (Complete Lines 1 through 6)

YOUR FIRST NAME		SOCIAL SECURITY OR I.D. NUMBER	
UMESH PRATAP		543 87 8892	
LAST NAME			
RANE			
1. Tax (from Form 500 Line 16 or Form 501 Line 8)	1.	2879	
2. Credits Used (from Form 500 Line 21 and Line 26 or Form 501 Line 9c and Line 11c)	2.		
3. Balance Due (Line 1 less Line 2)	3.	2879	
4. Enter 100% of the Immediately Preceding Year's Tax (return must be for a 12-month period)	4.	2923	
5. Enter 70% of the Amount Shown on Line 3	5.	2015	

**DUE DATE OF INSTALLMENTS**

	April 15, 2019	June 15, 2019	Sept. 15, 2019	Jan. 15, 2020
6. Divide amount on Line 4 by the number of installments required for the year (See Instruction B), enter the results in appropriate columns	6. 731	731	731	730
7. Divide amount on Line 5 by the number of installments required for the year (See Instruction B), enter the results in the appropriate column	7. 504	504	504	503
8. Enter the lesser of Line 6 or Line 7 for each period in the appropriate column	8. 504	504	504	503
9. Amounts paid on estimate for each period and tax withheld (withheld treated equally paid for each quarter)	9. 871	871	871	872
10. Overpayment of previous installment (See Instruction E)	10.	367	734	1101
11. Total of Line 9 and Line 10	11. 871	1238	1605	1973
12. Underpayment (Line 8 less Line 11) or Overpayment (Line 11 less Line 8)	12. -367	-734	-1101	-1470

**EXCEPTIONS WHICH AVOID THE PENALTY (See Instruction D)**  
 (Farmers and fishermen see Instruction G for special exception)

13. Total amount paid and withheld from Jan. 1, through the installment date indicated (withheld treated equally paid for each quarter)	13.	871	1742	2613	3485
14. Exception 1. - Tax on prior years income using current year rates and exemptions	14.				
15. Exception 2. - Tax on annualized current year income	15.				Not
16. Exception 3. - Tax on current year's income over 3, 5, 8, month periods	16.				Applicable

**HOW TO FIGURE THE PENALTY**  
 (Complete Lines 17 through 21 for installments not avoided by an exception)

17. Amount of underpayment (from Line 12)	17.				
18. Date of payment or April 15, <u>2020</u> whichever is earlier (See Instruction F)	18.				
19. Number of days from due date of installment to date shown on Line 18	19.				
20. Penalty (9 percent a year on amount shown on Line 17 for the number of days shown on Line 19)	20.				
21. Penalty (Add amounts on Line 20) show this amount in the space provided on Form 500 / 501	21.				0

**U.S. Individual Income Tax Return**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>UMESH PRATAP</b>		Last name <b>RANE</b>	Your social security number <b>543 87 8892</b>
If joint return, spouse's first name and middle initial <b>SUSHAMA UMESH</b>		Last name <b>RANE</b>	Spouse's social security number <b>963 97 2955</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>ADDISON LANE</b>			Apt. no. <b>2535</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>JOHNS CREEK, GA 30005</b>			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
			If more than four dependents, see instructions and √ here ▶ <input type="checkbox"/>

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent

Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) √ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>TANISHA</b>	<b>UMESH RANE</b>	<b>963-97-2990</b>	<b>DAUGHTER</b>		<input checked="" type="checkbox"/>

		<b>STMT 2</b>			
<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2			<b>1</b>	<b>68,208.</b>
<b>2a</b>	Tax-exempt interest	<b>2a</b>	<b>8.</b>	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3a</b>	<b>1,394.</b>	<b>3b</b>	<b>2,364.</b>
<b>4a</b>	IRA distributions	<b>4a</b>		<b>4b</b>	
<b>c</b>	Pensions and annuities	<b>4c</b>		<b>4d</b>	
<b>5a</b>	Social security benefits	<b>5a</b>		<b>5b</b>	
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			<b>6</b>	<b>-38.</b>
<b>7a</b>	Other income from Schedule 1, line 9			<b>7a</b>	
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>			<b>7b</b>	<b>70,534.</b>
<b>8a</b>	Adjustments to income from Schedule 1, line 22			<b>8a</b>	
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>			<b>8b</b>	<b>70,534.</b>
<b>9</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>9</b>	<b>24,400.</b>		
<b>10</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>			
<b>11a</b>	Add lines 9 and 10			<b>11a</b>	<b>24,400.</b>
<b>b</b>	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0-			<b>11b</b>	<b>46,134.</b>

**Standard Deduction for -**  
 Single or Married filing separately, \$12,200  
 Married filing jointly or Qualifying widow(er), \$24,400  
 Head of household, \$18,350  
 If you checked any box under Standard Deduction, see instructions.

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

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	<b>4,979.</b>	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	<b>4,979.</b>	
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	<b>500.</b>	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	<b>515.</b>	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	<b>4,464.</b>	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>		
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	<b>4,464.</b>	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	<b>10,028.</b>	
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC)	<b>18a</b>		
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>		
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>		
<b>d</b>	Schedule 3, line 14	<b>18d</b>		
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>		
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	<b>10,028.</b>	

If you have a qualifying child, attach Sch. EIC.  
 If you have nontaxable combat pay, see instructions

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	<b>5,564.</b>
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	<b>5,564.</b>
<b>b</b>	Routing number <b>061000052</b>	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <b>334048067284</b>		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	

Direct deposit? See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions  **Yes.** Complete below.  **No**

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		<b>PRINCIPAL CONSULTANT</b>	<b>011487</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.  Email address **UMESH.RANE@GMAIL.COM**

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
<b>LAIWAH LAU</b>	<b>LAIWAH LAU</b>	<b>02/27/20</b>	<b>P00639409</b>	<input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
<b>DELOITTE TAX LLP</b>	<b>30 ROCKEFELLER PLAZA</b>		<b>(212) 492-4000</b>	<b>86-1065772</b>
		<b>NEW YORK, NY 10112-0015</b>		

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 2

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T GENPACT LLC	68,208.	10,028.	3,485.		5,141.	1,202.
TOTALS	68,208.	10,028.	3,485.		5,141.	1,202.

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FORM 1040

TAX-EXEMPT INTEREST

STATEMENT 3

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NAME OF PAYER

AMOUNT

WEALTHFRONT BROKERAGE LLC

8.

TOTAL TO FORM 1040, LINE 2A

8.

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FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 4

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
WEALTHFRONT BROKERAGE LLC	91.	68.
VANGUARD	95.	94.
APEX CLEARING	208.	152.
ICICI DIRECT	359.	359.
ICICI DIRECT	721.	721.
TOTAL INCLUDED IN FORM 1040, LINE 3A		1,394.