

CLIENT TAX NOTES – TY2020

Dear Tax Payer, Greetings!

Please fill the below Tax Organizer form and upload it in your secured login or even you can E-mail it to us at tripura@gtaxfile.com along with your Form W2 & any other income statement and any other relevant documents to prepare and analyze your taxes and share you a Free Tax return Draft Copy for TY2020.

IF YOU RECEIVED STIMULUS CHECK, PLEASE MENTION THE AMOUNT YOU RECEIVED, IF NOT PLEASE MENTION AS "NO"

2020	Amount : No
2021	Amount : No

PERSONALINFORMATION

Particulars	Primary Taxpayer	Spouse	Dependent 1 (Child1)	Dependent 2 (Child -2)	Dependent 3 (Other dependent person)
FIRST NAME (PER SSN/ITIN)	Karthikeya Vayuputra	-	-	-	-
MIDDLE NAME (PER SSN/ITIN)					
LAST NAME (PER SSN/ITIN)	Chittuluri				
SSN/ITIN NUMBER	443970941				
DATE OF BIRTH (MM/DD/YY)	04/20/1996				
RELATIONSHIP WITH PRIMARY	Self				
TAXPAYER					
OCCUPATION	Software Engineer				
CURRENT ADDRESS	3500 Curitiba Court,				
	Alpharetta, GA, 30022				
CELL NUMBER	9803390576				
ALTERNATIVE NUMBER (HOME)					
WORK NUMBER (WITH EXTENSION)	9 <mark>80</mark> 3390576				
EMAIL ADDRESS	Karthikeya.web@gmail.com				
FIRST PORT OF ENTRY DATE (MM/DD/YY)	01/01/2018				
VISA STATUS ON 31 ST DEC 2020	F1 OPT				
ANY CHANGE IN VISA STATUS					
DURING THE YEAR 2020 (IF YES					
PLS. SPECIFY)					
MARITAL STATUS AS ON	Single				



DEC 31,2020			
DATE OF MARRIAGE (IF			
APPLICABLE)			
FILING STATUS	SINGLE		
(SINGLE/MARRIED/HEAD OF			
HOUSEHOLD)			
NO. OF MONTHS STAYED IN US	12		
DURING 2020			
WILL YOU STAY IN US FOR MORE	Yes		
THAN 183 DAYS IN YEAR 2021 –			
(YES OR NO)			
IF ANY OTHER INFORMATION			
<u> </u>	•		

NOTE: IF YOU DO NOT HAVE AN SSN FOR YOUR SPOUSE/DEPENDENTS WE CAN APPLY FOR ITIN. FOR ITIN APPLICATION PROCESSING PLEASE REACH US ON (551)-271-1611 OR WRITE TO shravani@gtaxfile.com

CHILD AND DEPENDENT CARE EXPENSES PROVIDER DETAILS -

DEPENDENT NAME	NAME OF THE ORGANIZATION	ADDRESS WITH PHONE NUMBER	FEDERAL ID NUMBER (EIN / SSN) OF THE ORGANIZATION / PERSON WHO PROVIDED THE CARE.	AMOUNT PAID
None				

1. DEPENDENTS UNDER AGE 24 WITH UNEARNED INCOME (E.G. INTEREST OR DIVIDENDS EARNED, STOCK SALE PROCEEDS) GREATER THAN \$950 MAY NEED TO FILE A RETURN.

<u>NOTE</u>: DEPENDENTS WITH UNEARNED INCOME GREATER THAN \$1,900 ARE SUBJECT TO THEIR PARENT'S TAX RATE. COORDINATION OF RETURNS BETWEEN PARENT AND CHILD IS VERY IMPORTANT.

2. PLEASE COMPLETE CHILDCARE EXPENSES SECTION ONLY IF BOTH TAXPAYER & SPOUSE ARE WORKING.

BANK ACCOUNT DETAILS

BANK DETAILS FOR DIRECT DEPOSIT OF REFUND AMOUNT/AUTO WITHDRAWAL OF OWE					
AMOUNT(OPTIONAL)					
BANK NAME	Bank of America				
BANK ROUTING NUMBER	053000196				
(PAPER OR ELECTRONIC)					
BANK ACCOUNT NUMBER	237037811129				
CHECKING / SAVING	Checking				
ACCOUNT					
ACCOUNT HOLDER NAME	Karthikeya Vayuputra Chittuluri				



RESIDENCY DETAILS:

	STATES RESIDENCY DETAILS				STATE	S RESIDENCY DE	TAILS
TAXPAYER						SPOUSE	
YEAR	STATE(S)	FROM (MM/DD/YY)	TO (MM/DD/YY)	YEAR	STATE(S)	FROM (MM/DD/YY)	TO (MM/DD/YY)
2020	Georgia	01/01/2020	12/31/2020	2020			
2019	Georgia North Carolina	09/25/2019 01/01/2019	12/31/2019 09/24/2019	2019			
2018	North Carolina	01/01/2018	12/31/2018	2018			

Home Mortgage Interest

Home mortgage interest paid in US -*FORM 1098Mandatory	Points, if any	Home mortgage interest paid in INDIA – *Below details required	Mortgage insurance premiums paid, if any	Investment interest. Attach Form 4952
None				
		Bank Name (Foreign)	Bank Address	
			(Foreign)	

Note : Are you planning to purchase any Ho	use Property in Tax Ye	ar 20	21 In United States Of America
Please Mention Yes Or No	Yes	No	

	CHARITY CONTRIBUTIONS							
S.no	no Charitable Institution Name Donated Amount Property FMV of Property No. of trips driven and one							
			Donated	Donated	way distance			
1	None							
2								
3								

Note: 1) Cash Contribution more than \$ 250 receipts are Mandatory
2) Non - Cash Contribution more than \$ 500 receipts are Mandatory



HEALTH INSURANCE:

Are you and your dependents covered under Health Coverage as per Federal laws??? Mandatory	Yes
If not so, please specify who are not covered and for how many months	
IF you/your spouse resident of MA state, Covered by Massachusetts Health Insurance. Please provide F0rm 1099-HC.	

<u>INVESTMENTS – SALE & PURCHASE OF STOCKS</u>

For stocks you will receive 1099-B form from vendors like Robinhood, Etrade etc., If the stocks were given by your employer you will receive a supplemental document and you need to submit it also.

Purchase Date	Description of Stock	Qty	Rate per Unit	Total =Qty*Rate	Sale Date	Description of the Stock	Qty	Rate per Unit	Total= Qty*Rate

Note: If you have more than 10 transactions, Please send us the sale and purchase details in an Excel sheet with the columns listed above.

Other Deductions – Adjustments to Income						
Particulars Particulars Particulars	Taxpayer	Spouse				
Educator expenses – only for Teaching profession (\$ 250)						
Health savings account Contribution						
Penalty on early withdrawal of saving						
Contribution towards Traditional IRA for 2020						
Student loan interest deduction – Provide Form 1098 E						
Tuition & Fees Provide Form 1098-T						
Gambling Losses						

FOR FBAR/FATCA

	Tax Payer(No)	Spouse (No)
Did you have more than \$10,000 in your Foreign Accounts at any time during the	No	
Tax Year 2020		
Did you have more than \$50,000 in your Foreign Accounts at any time during the	No	
Tax Year 2020		

Note: You may have to report FBAR (Foreign Bank Account Report) before April 15, 2021 if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded \$10,000 at any time during the tax year 2020. You may have to file



FATCA (Foreign Account tax Compliance Act) before April 15, 2021 with your tax return if the aggregate of your Bank Accounts/Securities/Other financial Accounts exceeded \$50,000 at any time during the tax year 2020.

UPLOAD /EMAIL THE FOLLOWING DOCUMENTS ALONG WITH THE THIS TAX ORGANISER

OF LOAD / LIMAIL THE FOLLOWING DOCOMENTS ALONG WITH THE T	
Duly Filled TY-2020 Tax Organizer	
W-2's: Wages/salaries from All employers – Upload Documents	
1099-INT &1099-DIV: Interest & Dividends for All Accounts	
1099-B: Sales of Securities, Mutual Funds, etc.	
Year-End: Investment statements, Mutual Fund supplemental information	
1099-R: Income from Pension, IRAs and Annuities	
1099-G : Unemployment Compensation/state income tax refund	
K-1:Partnerships,Trusts,Estates and S-Corporations	
Last Paystubs of the year from ALL Employers	
1099-SSA/ 1099-RRB: Social Security and Railroad Retirement benefits	
Scholarships, Fellowships and Grants Form 1042 S	
Foreign Tax certificate (if you made any income from foreign country during 2020)	
Disability and Sick Pay	
Gambling Winnings	
Form W-2G – Income from Gambling	
Prizes and Awards	
Rental Income (if any) INDIA or USA	
Alimony Received (if any)	
Home Mortgage Statement (India) (From 01st Jan To 31st Dec)	
Education Loan Interest Certificate (India) (From 01st Jan To 31st Dec)	
Form-1099HC-(Details Required From Tax Payer who is residing in MA)	
For New ITIN Or Renewal ITIN (Passport and VISA First and Last page is required)	

Refer a friend(s) to get Referral Bonus@ \$ 10 for Each paid client to us.**				
S. No	Friend(s) Name	Friends E-mail ID	Contact Number	
1				
2				
3				
4				
5				
6				



Feel Free to reach us at (212)-920-4151, (305)-359-3078

(Monday to Saturday 9:00 AM to 8:00 PM EST)

Tax Preparation Fee for TY2020			
Filing Status: Single MFJ MFS HOH QWDC			
Particulars	Fee(\$)		
Federal – Standard Return (Form 1040)	\$ 19.99		
Each State Tax Return	\$ 34.99		
Federal – Non Resident Tax Return (Form 1040NR)	\$ 59.99		
Federal – ITIN Case (Paper filing)- Form 1040	\$ 89.99		
Federal – Non Resident Spouse Election (Paper Filing) (6013G & H)	\$ 119.99		
Federal – Schedule C, E & 1099 Misc	\$ 119.99		
FBAR Processing	\$29.99		
For State Rental Credit Planning/OSTC Credit Planning	\$19.99		
City Return (KY, MI, NY, OH, PA) / County Return	\$ 19.99 each city		
Stock Transaction	\$ 10 Per Page		
FATCA Processing - Form 1040	\$29.99		
Tax Representation (Unlimited (Up to 8 Succeeding Years)	*Free*		

- In case of any audit taxpayer need to furnish the documents as per IRS guidelines to substantiate the claim made on the tax return.
- Claim only those expenses that you have incurred while working at client location and which is necessary expenditure to work at client locations, not lavish by nature but should be supported by proper documentary evidence.

Thank you for completing this form and Please upload or email your w2 and other income related statements to prepare your taxes accurately.

Looking for your Business & Support!

Warm Regards,

Global Taxes LLC. (Global Taxes team)

Phone: (212)-920-4151,(305)-359-3078, 214-271-0082,678-720-1887(whatsapp)

Email: tripura@gtaxfile.com