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 info@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.

<u>Simple 5 Steps to file your taxes with IRS</u>.

Step 1: Fill this Tax Notes form and upload it in your login or email it to us

Step 2: upload all income related documents like W2, 1099 INT, DIV, MISC, 1099 B, Etc...

Step 3: we will prepare your tax return estimation and send you the documents for your review

Step 4: once you review your documents, you have to pay our service charges.

Step 5: Give confirmation to file your taxes.

PERSONAL INFORMATION

| Particulars | Primary Taxpayer | Spouse | Dependent 1 (Child1) | Dependent 2 (Child -2) | Dependent 3 (Other dependent person) |
|----------------------------|---------------------------|---------------|-------------------------|---------------------------|---|
| First Name (per SSN/ITIN) | Ravi Shanmugha Preethi | Babu Rao | Ira | | |
| Middle Name (per SSN/ITIN) | | | | | |
| Last Name (per SSN/ITIN) | Vangapattu | Kunchala | Kunchala | | |
| SSN/ITIN Number | 194-51-2424 | | 035-55-1658 | | |
| Date of Birth | 10/17/1990 | 08/10/1992 | 10/19/2020 | | |
| (MM/DD/YY) | | | | | |
| Relationship with Primary | | Husband | Daughter | | |
| Taxpayer | | | | | |
| Occupation | Process Engineer | | | | |
| Current Address | 1889 W Queen | 1889 W | 1889 W Queen | | |
| | Creek Rd, Apt | Queen Creek | Creek Rd, Apt | | |
| | 2105, Chandler, | Rd, Apt 2105, | 2105, Chandler, | | |
| | AZ,85248 | Chandler, | AZ,85248 | | |
| | | AZ,85248 | | | |
| Cell Number | 480-616-8648 | | | | |



| Alternative Number (Home) | | | | |
|---|---------------------------|----------|------------|--|
| Work Number (with Extension) | | | | |
| Email address | baburao9727@gm ail.com | | | |
| First port of entry Date (MM/DD/YY) | 12/30/2015 | 3/3/2019 | born in US | |
| Visa status on 31 st Dec 2020 | H1B | H4 | US Citizen | |
| Any change in visa status during the year 2020 (if yes pls. specify) | No | No | | |
| Marital status as on Dec 31,2020 | Married | Married | | |
| Date of Marriage (if applicable) | 3/3/2018 | | | |
| Filing Status (Single/Married/Head of Household) | Married | | | |
| No. of months stayed in US during 2020 | 12 | 12 | | |
| Will you stay in US for more than 183 days in year 2021 – (Yes or No) | Yes | Yes | Yes | |
| If any other information | | | | |



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 (415)-373-1661 or write to itin@gtaxfile.com

Child and Dependent Care Expenses Provider Details -

| | | - | P | |
|----------------|--------------------------|------------------------------|---|-------------|
| | | | | |
| 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 |
| | | | | |
| | | | | |
| | | | | |

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 | Bank Details for Direct Deposit of Refund Amount/Auto withdrawal of | | | | | |
|--------------------------------|---|--|--|--|--|--|
| owe amount(Optional) | | | | | | |
| Bank Name | Chase Bank | | | | | |
| Bank Routing Number | 267084131 | | | | | |
| (Paper or Electronic) | | | | | | |
| Bank Account Number | 676800787 | | | | | |
| Checking / Saving | checking | | | | | |
| Account | | | | | | |
| Account Holder Name | Ravi S Vangapattu | | | | | |
| | | | | | | |



RESIDENCY DETAILS:

| States Residency Details | | | | States Residency Details | | | | | | |
|--------------------------|------------------------|-------------------------|--------------------------|--------------------------|----------|--------------------|------------------|--|--|--|
| | | Taxpayer | | | Spouse | | | | | |
| Year | State(s) | From (MM/DD/YY | | | State(s) | From (MM/DD/YY) | To (MM/DD/YY) | | | |
| 2020 | Arizona | 1/1/2020 | 12/31/2020 | 2020 | Arizona | 1/1/2020 | 12/31/2020 | | | |
| 2019 | Arizona | 1/1/2019 | 12/31/2019 | 2019 | Arizona | 12/25/2019 | 12/31/2019 | | | |
| 2018 | Arizona NewYor k | 12/25/2018 2/18/2018 | 12/31/2018 12/12/2018 | 2018 | | | | | | |

Medical Expenses:

| Prescription medications | Health insurance premiums | Doctors, Dentists, etc. | Hospitals, clinics, etc. | Eyeglasses and contact lenses | Maternity expenses, if any |
|--------------------------|---------------------------|----------------------------|--------------------------|-------------------------------|----------------------------|
| 300 | 3000 | NA | 3000 | NA | 3000 |
| | | | | | |

Taxes Paid:

| Real estate taxes | State and local Personal | Other taxes, If any | Additional State taxes paid |
|-------------------|--------------------------|---------------------|------------------------------|
| | property taxes | | while filing last year taxes |
| | | | (TY2019). |



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|------|-----------------------|--------------|------------------------|---------------------|---------------|-------------------|----------|--------------------|
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| | | | | | | | | |
| | | | Home | Mortgage Intere | st | | | |
| Hom | ne mortgage | Points, if | | | | Mortgage | | Investment |
| | rest paid in US | any | paid in INDIA – *Below | | | insurance | | interest. Attach |
| -*FO | | | details required | | | premiums paid, if | | Form 4952 |
| 1098 | 3Mandatory | | | | any | | | |
| | | | | | | | | |
| | | | Bank Name | (Foreign) | Bank Address | | | |
| | | | | | (Fore | ign) | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | <u> </u> | CONTRIBUTIONS | | - | | |
| S.n | Charitable Institut | ion Name | Donated | Property Donated | | | | f trips driven and |
| 0 | | | Amount | Donated | Proper Donate | - | one v | vay distance |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| | e: 1) Cash Contributi | | | | • | | | |
| 2) N | on - Cash Contributi | | | | | | | 10. |
| | Note: Are you | planning a N | ew Home/Rene | w Your Existing Lo | an in USA | A- Please N | /lentior | i Yes/No |
| | | | | | | | | |
| | | | Vehicle | e Information | | | | |
| | | | | | | | | |
| | | | | | | | | |

Write to us at: <a href="mailto:com/contact@gtaxfile.com/contact@gtaxfil



| | Name of | Make & | Total miles | One-way distance | Darking and | Purchase |
|----------|----------------|-------------------------|------------------------|---------------------|------------------|-----------|
| | the Vehicle | Model | driven in year 2020 | from Home to Office | Parking and toll | date |
| Taxpayer | Car | Honda Accord 2011 | 1500 | 5 | NA | 11/1/2018 |
| Taxpayer | | | | | | |
| Spouse | | | | | | |

Business Assets purchased:

| Name of the Asset Purchased in 2020 | Cost | Purchase date | Receipt Available or not |
|-------------------------------------|------|---------------|--------------------------|
| 111 2020 | | | |
| | | | |
| | | | |
| | | | |

HEALTH INSURANCE:

| Are you and your dependents covered under Health Coverage as per Federal laws??? Mandatory (Form-1095A and 1095C) | 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 From 1099-HC. | |



INVESTMENTS – SALE & PURCHASE OF STOCKS

| Purchase Date | Description of Stock | Qty | Rate per Unit | Total =Qty*Rate | Sale Date | Description of the Stock | Qty | Rate per Unit | Total= Qty*Rat e |
|------------------|-------------------------|-----|---------------------|--------------------|--------------|--------------------------------|-----|---------------------|------------------------|

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.

Foreign Income and Expenses (IF Any)

| Particulars | Salary income | Rental Income | Interest Income | Others (If any) |
|---------------------------|---------------|---------------|--------------------|-----------------|
| a) Amount of Foreign | | | | |
| Income | | | | |
| b) Foreign Taxes Withheld | | | | |
| (like Form-16/16A) | | | | |

| Other Deductions – Adjustments to | <u>Income</u> | |
|---|---------------|--------|
| 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 | | 20,000 |

FOR FBAR/FATCA



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

Note: You may have to 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

| 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 incoming foreign country during 2020) | come from | |
| 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 O | 1st Jan To 31st | |
| Education Loan Interest Certificate (India) (31st Dec) | From 01 st Jan To | |
| Form-1099HC-(Details Required From Tax F residing in MA) | Payer who is | |
| For New ITIN Or Renewal ITIN (Passport an Last page is required) | d VISA First and | |

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



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| 5 6 | | |
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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 TY | <u> 2020</u> |
|---|--------------------|
| 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 | \$ 119.99 |
| Filing) (6013G & H) | |
| Federal – Schedule C, E & 1099 Misc | \$ 119.99 |
| FBAR Processing | \$29.99 |
| For State Rental Credit Planning/OSTC Credit | \$19.99 |
| Planning | |
| 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 | *Free* |
| Years) | |



- 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 Pls. 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

Email: support@gtaxfile.com, info@gtaxfile.com,
