**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 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 TY2019.

**Simple 5 Steps to file your taxes with IRS**.

**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.

**PERSONALINFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Primary Taxpayer** | **Spouse** | **Dependent 1 (Child1)** | **Dependent 2****(Child -2)** | **Dependent 3****(Other dependent person)** |
| **FIRST NAME (PER SSN/ITIN)** | **Devender** |  |  |  |  |
| **MIDDLE NAME (PER SSN/ITIN)** |  |  |  |  |  |
| **LAST NAME (PER SSN/ITIN)** | **Rapolu** |  |  |  |  |
| **SSN/ITIN NUMBER** | **321971530** |  |  |  |  |
| **DATE OF BIRTH (MM/DD/YY)** | **12/08/1994** |  |  |  |  |
| **RELATIONSHIP WITH PRIMARY TAXPAYER** |  |  |  |  |  |
| **OCCUPATION** | **Student** |  |  |  |  |
| **CURRENT ADDRESS** | **4033 Burbank Dr, Apt 13, Baton Rouge, LA, 70808** |  |  |  |  |
| **CELL NUMBER** | **4694936579** |  |  |  |  |
| **ALTERNATIVE NUMBER (HOME)** |  |  |  |  |  |
| **WORK NUMBER (WITH EXTENSION)** |  |  |  |  |  |
| **EMAIL ADDRESS** | **devender3351@gmail.com** |  |  |  |  |
| **FIRST PORT OF ENTRY DATE (MM/DD/YY)** | **12/22/2015** |  |  |  |  |
| **VISA STATUS ON 31ST DEC 2020** | **F1** |  |  |  |  |
| **ANY CHANGE IN VISA STATUS DURING THE YEAR 2020 (IF YES PLS. SPECIFY** |  |  |  |  |  |
| **MARITAL STATUS AS ON DEC 31,2020** |  |  |  |  |  |
| **DATE OF MARRIAGE (IF APPLICABLE)** |  |  |  |  |  |
| **FILING STATUS (SINGLE/MARRIED/HEAD OF HOUSEHOLD)** | **single** |  |  |  |  |
| **NO. OF MONTHS STAYED IN US DURING 2020** |  |  |  |  |  |
| **WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2020 – (YES OR NO)** | **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.CO**

**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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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.**

**NOTE: 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 ROUTING NUMBER (PAPER OR ELECTRONIC) |  |
| BANK ACCOUNT NUMBER |  |
| CHECKING / SAVING ACCOUNT |  |
| ACCOUNT HOLDER NAME |  |
|  |  |

**RESIDENCY DETAILS:**

|  |  |
| --- | --- |
| **STATES RESIDENCY DETAILS** | **STATES RESIDENCY DETAILS** |
| **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** |  |  |  | **2020** |  |  |  |
| **2019** |  |  |  | **2019** |  |  |  |
| **2018** |  |  |  | **2018** |  |  |  |