

# **CLIENT TAX NOTES – TY 2017**

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 <a href="mailto:info@gtaxfile.com">info@gtaxfile.com</a> 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 TY 2017.

### 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.

### PERSONAL INFORMATION

Particulars	Primary Taxpayer	Spouse	Dependent 1 (Child1)	Dependent 2 (Child -2)	Dependent 3 (Other dependent person)
First Name (per SSN/ITIN)	SURENDER Y	SWAPNA	SANKETH	SUDISHA	,
Middle Name (per SSN/ITIN)					
Last Name (per SSN/ITIN)	YELUGANDULA	KURA	YELUGANDUL A	YELUGAND ULA	
SSN/ITIN Number	218839399	665055891	217871820	926995659	
Date of Birth (MM/DD/YY)	10/30/1981	03/15/1980	04/06/2010	12/04/2011	
Relationship with Primary Taxpayer	SELF	SPOUSE	CHILD	CHILD	
Occupation	SOFTWARE ENGG	SOFTWARE ENGG			
<b>Current Address</b>					
	7904 ELLIS WYATT CT ELKRIDGE MD 21075				



Cell Number	4432518586				
Alternative Number					
(Home)					
<b>Work Number (with</b>					
Extension)					
Email address	SURI30OCT81@GMA IL.COM				
First port of entry Date (MM/DD/YY)	07/22/2008	08/05/2002		02/06/2013	
Visa status on 31 <sup>st</sup> Dec 2020	H1B	H4	US CITIZEN	H4	
Any change in visa status					
during the year 2020 (if					
yes pls. specify)					
Marital status as on	MARRIED				
Dec 31,2020					
Date of Marriage (if applicable)	04/18/2008				
Filing Status	MARRIED				
(Single/Married/Head of					
Household)					
No.of months stayed in	12	12	12	12	
US during 2020					
Will you stay in US for	YES	YES	YES	YES	
more than 183 days in					
year 2021 – (Yes or No)					
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 -

	Cima ana Ber	CHACHE CALE EXPENSES	TTOVIACI DECAILS	
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 Child Care Expenses section only if Both Taxpayer & Spouse are working.

### **BANK ACCOUNT DETAILS**

<b>Bank Details for Direct</b>	Bank Details for Direct Deposit of Refund Amount/Auto withdrawal of					
owe amount(Optional)						
Bank Name	BANK OF AMERICA					
Bank Routing Number (Paper or Electronic)	021200339					
Bank Account Number	381012506156					
Checking / Saving Account	CHECKINGS					
Account Holder Name	SURENDER YELUGANDULA					

### **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	MD	01/01/2020	12/31/2020				
2016				2016			



2015		2015		

		<u> </u>	mployment Deta	ails		
	Employer Name & Address (State & City)	Designation	Employment Start Date (MM/DD/YY)	Employmen t End Date (MM/DD/YY	Visa Status	Worked at Employer Location (EL) or Client Location (CL)
Taxpayer	DIGITAL MANAGEMENT LLC BETHESDA MD 20817 4999.92 1533 6550 ROCK SPRING DR 7FL 68-0505254 218-83-9399 DIGITAL MANAGEMENT LLC BETHESDA MD 20817	ARCHITECT 1	10/05/2017	TILL DATE	H1B	CL
Taxpayer						
Spouse	INFOSYS LIMITED 665-05-5891 RICHARDSON TX 75082 2400N GLENNVILLE DR C150 2400N GLENNVILLE DR C150 58-1760235 C 2.08 RICHARDSON TX 75082 RICHARDSON TX 75082	TECH LEAD	08/31/2015	TILL DATE	H4 EAD	CL
Spouse						



### If you/your spouse worked/are working at Client Location, Please fill this table:

	Taxpayer			Spouse	
	Project 1	Project 2	Project 3	Project 1	Project 2
CP at Nove	D. C			EVEL ON	
Client Name	BLS			EXELON	
Client Project Location ( City & State )	WASHINGTO			WASHIN	
	N DC			GTON DC	
Project Start date (MM/DD/YY)	04/17/2017			05/01/2	
				017	
Project End date/ expected date (MM/DD/YY)	N/A			N/A	
Mode of commuting (Bus, train, rental or	TRAIN			TRAIN	
own car, others)					
Monthly Bus, Train, Cab Fare, Car Rent if leased vehicle is used					
Daily Project Miles on Vehicle (one way)					
using own car					
Monthly Rent / Stay Expenses					
Daily Meals Expenses while on Client					
Projects					
One way distance between your employer	30			30	
location & client location					
One way distance between your Home	30			30	
location & client location					

Note: Project start date and End date should be as per your deputation letter/Transfer memorandum/Email correspondence given by your employer while deputing you on the specific project.

### **MOVING EXPENSES**

(Eligible expenditure: Airfare+Tranfortation charges+ Onward meals and tips temporary lodging and Boarding to the extent not reimbursed by your Employer)



Description of the relocation	Distance	Expenditure
a)Have you moved from Employer location to Client Location during the TY-2017		
b)Have you moved from one client location to another Client location during the TY-2017		
c)Have you moved from one Employer to another Employer Location during the TY-2017		

### <u>ITEMIZED DEDUCTIONS</u> – <u>Schedule A</u>

**Medical Expenses:** 

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

**Taxes Paid:** 

Real estate taxes	State and local Personal property taxes	Other taxes, If any	Additional State taxes paid while filing last year taxes (TY2017).
	\$5,397.67		

**Home Mortgage Interest** 

Home mortgage interest paid in US - * FORM 1098	Points, if any	Home mortgage interest paid in INDIA – *Below details required	Mortgage insurance premiums paid, if	Investment interest. Attach Form 4952
Mandatory			any	
		Doub Nove (Fourier)	Davils Adduses	
		Bank Name (Foreign)	Bank Address (Foreign)	

	CHARITY CONTRIBUTIONS					
S.n o	Charitable Institution Name	Donated Amount	Property Donated	FMV of Property Donated	No. of trips driven and one way distance	
1						
2						



3	HOWARD COUNTY LIBRARY	100	BOOKS		5	
Note	Note: 1) Cash Contribution more than \$ 250 receipts are Mandatory					
2) No	on - Cash Contribution more th	an \$ 500 receipts	s are Mandatoi	y		

	<u>Vehicle Information</u>							
	Name of the Vehicle	Make & Model	Total miles driven in year 2018	One-way distance from Home to Office	Parking and toll	Purchase date		
Taxpayer								
Taxpayer								
Spouse								

**Business Assets purchased:** 

Name of the Asset Purchased in 2017	Cost	Purchase date	Receipt Available or not
Laptop			
Cell Phone			

Other Miscell	Other Miscellaneous Unreimbursed Job related Expenses (Client Location)					
Particulars	Taxpayer	Spouse	Particulars	Taxpayer	Spouse	
Union and Professional Dues			Last Year Tax Preparation Fees paid	120		
Internet Charges per month			Job Hunting Expenses			
Cell Phone Charges per month		50	Safe Deposit Box Rental	45/YEAR		
Employment Visa Processing Fees	8000		Cost of Energy Saving Equipment			
Professional Books and Supplies and Magazines			Casualty or theft loss(es)			
Uniforms expenses			Parking and Toll Fees			
Job Training or Higher Education Expenses			Any other expenses (Pls.give the description)			

Note: As per the IRS publication 463, All unreimbursed job related expenses can be claimed only on Temporary Client project assignment, which is generally expected to last for 12 Months or Less. And



If you have received Per diem allowance from your employer, then you are not, eligible or supposed to claim the above expenses.

### **HEALTH INSURANCE:**

Are you and your dependents covered under Health Coverage as per Federal laws??? Mandatory	YES/NO
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.	

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

Purchas e Date	Descriptio n of Stock	Qty	Rate per Unit	Total =Qty*Rat e	Sale Date	Descriptio n 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)

Particu	ulars	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 Income				
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 2017	
Student loan interest deduction – Provide Form 1098 E	
Tuition & Fees Provide Form 1098-T	
Gambling Losses	

### FOR FBAR/FATCA

Did you have more than \$10,000 in your Foreign Accounts at any time	Tax Payer(Yes/No)	Spouse
during the Tax Year 2017		(Yes/No)
Did you have more than \$50,000 in your Foreign Accounts at any time		
during the		
Tax Year 2017		

Note: You may have to FBAR (Foreign Bank Account Report) before April 17, 2017 if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded \$10,000 at any time during the tax year 2017. You may have to file FATCA (Foreign Account tax Compliance Act) before April 17, 2017 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 2017.

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

Duly Filled TY-2017 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	
<b>1099-G</b> : 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 2017)	
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)	
Others	

S.	Friend(s) Name	Friends E-mail ID	Contact Number
No			
L			
2			
3			
1			
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 TY2017	
Filing Status: Single   MFJ   MFS   HOH   QWDC	
Particulars	Federal
Federal – Standard Return (Form 1040)	\$ 19.99
Each State Tax Return	\$ 29.99
Federal – Non Resident Tax Return (Form 1040NR)	\$ 49.99
Federal – Itemized Return (Schedule A)	\$ 89.99
Federal – ITIN Case (Paper filing)- Form 1040	\$ 89.99
Federal – Non Resident Spouse Election (Paper Filing) (6013G & H)	\$ 99.99
Federal – Schedule C, E & 1099 Misc	\$ 119.98
FBAR Processing ( Up To Two Bank Accounts-Free)	\$5 For Each Additional
	Bank Account
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	Page 1 Free,	
	Page 2 is \$ 10 each	
FATCA Processing - Form 1040	Free	
Tax Representation	Unlimited (Up to 8	
	Succeeding 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: <a href="mailto:support@gtaxfile.com">support@gtaxfile.com</a>, <a href="mailto:info@gtaxfile.com">info@gtaxfile.com</a>,