**TAX NOTES – TY 2020**

Dear Tax Payer,

Greetings!

Please fill the below tax organizer and upload in your login along with your W2 & any other income statements and relevant documents to prepare your tax return.

PERSONAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Primary taxpayer** | **Spouse** | **Dependent 1****(child 1)** | **Dependent 2****(child 2)** | **Dependent 3****(other person)** |
| First Name \* | **KESAVA REDDY** | **RAJITHA** | **DEVANSH** |  |  |
| Middle Name\* |  |  |  |  |  |
| Last Name\* | **VEMULA** | **THAMMINENI** | **VEMULA** |  |  |
| SSN/ITIN Number | **889930789** | **962-97-3133** | **962-97-3139** |  |  |
| Date of birth(M/D/Y) | **12/31/1983** | **05/14/1991** | **06/28/2016** |  |  |
| Relationship with primary taxpayer |  |  |  |  |  |
| Occupation | **IT SOLUTIONS ARCHITECT** | **HOME MAKER** |  |  |  |
| Current address | **1208 HOLLY FIELD DR****MORRISVILLE, NC-27560** |  |  |  |  |
| Cell number | **7328953950** | **7328953950** |  |  |  |
| Alternate number |  |  |  |  |  |
| Email address | **KESAVA.RAJITHA@GMAIL.COM** |  |  |  |  |
| First port of entry(M/D/Y) | **05/14/2016** | **06/09/2017** | **06/09/2017** |  |  |
| Visa status as on12/31/2018 | **H1B extn approved and valid till Apr 2021** | **H1B extn approved and valid till Apr 2021** | **H1B extn approved and valid till Apr 2021** |  |  |
| Marital status as on 12/31/2018 | **Married** | **Married** |  |  |  |
| Date of marriage | May 2nd 2015 | May 2nd 2015 |  |  |  |
| Filing status |  |  |  |  |  |
| No of months stayed is us in 2018 | Full Year | 09 Months | 09 Months |  |  |

\* Please fill the above details as per your SSN/ITIN

**\*NOTE – if you do not have an SSN for your spouse/dependents, we can apply for ITIN.**

Child and Dependent Care Expenses Provider Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dependant name** | **Name of Organization** | **Address with phone number** | **Federal id number** | **Amount paid** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Dependents under age 24 with income from interest, dividends, sale of stocks greater than $950 need to file a return.
2. Please complete childcare expenses section only if both taxpayer and spouse are working.

|  |  |
| --- | --- |
| State Residency Details | State 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)** |
| **2018** |  |  |  | **2018** |  |  |  |
| **2017** |  |  |  | **2017** |  |  |  |
| **2016** |  |  |  | **2016** |  |  |  |

MEDICAL EXPENSES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prescription medications.** | **Health insurance premiums.** | **Doctors , dentists etc.** | **Hospitals, clinics.** | **Eyeglasses and contact lenses.** | **Maternity expenses.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

TAXES PAID

|  |  |  |  |
| --- | --- | --- | --- |
| **Real estate taxes** | **State and personal property taxes** | **Other taxes if any** | **Additional state taxes paid while filing last year taxes (TY 2017)** |
|  |  |  |  |

HOME MORTGAGE INTEREST (HMI)

|  |  |  |  |
| --- | --- | --- | --- |
| **Home mortgage interest paid in US- \*FORM 1098 mandatory** | **Indian HMI paid****(bank name & address required)** | **Mortgage insurance premiums paid, if any** | **Investment interest.****Attach Form 4952** |
|  |  |  |  |
|  |  |  |  |

BANK ACCOUNT DETAILS

|  |
| --- |
| **Bank details for direct deposit of refund amount/auto withdrawal of owe amount (optional)** |
| **Bank name** |  |
| **Routing number** |  |
| **Account number** |  |
| **Checking/saving account** |  |
| **Account holder name** |  |

CHARITY CONTRIBUTIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Charitable Institution** | **Donation($)** | **Property donated** | **FMV of property donated** | **Trips driven(miles)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* Receipts are mandatory if CASH CONTRIBUTION is more than $250.
* Receipts are mandatory if NON CASH CONTRIBUTION is more than $500.

HEALTH INSURANCE

Health insurance is mandatory if you and your dependents are covered under HEALTH COVERAGE as per federal laws.

* If not so, please specify who are not covered and for how many months.
* If you/your spouse are a resident of MA State, covered by MA Health Insurance, please provide FORM 1099-HC.

INVESTMENTS – SALE &PURCHASE OF STOCKS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purchase date** | **STOCK** | **Qty** | **Rate per unit** | **TOTAL (Qty\*Rate)** | **Sale date** | **STOCK** | **Qty** | **Rate per unit** | **TOTAL (Qty\*Rate)** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

FOREIGN INCOME AND EXPENSES (IF ANY)

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Salary income** | **Rental Income** | **Interest Income** |
| **Amount** |  |  |  |
| **Tax Withheld** |  |  |  |

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 2018** |  |  |
| **Student loan interest deduction – provide FORM 1098E** |  |  |
| **Tuition & Fees FORM 1098-T** |  |  |

FBAR / FATCA

|  |  |  |
| --- | --- | --- |
|  | **Taxpayer****(Yes/No)** | **Spouse****(Yes/No)** |
| **Did you transferred more than $10,000 to your foreign accounts at any time during the TY2018** |  |  |
| **Did you have assets valuing more than $50,000 in foreign on your name during the TY2018** |  |  |

UPLOAD/EMAIL THE FOLLOWING DOCUMENTS ALONG WITH TAX NOTES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| W-2 | 1099INT ,1099DIV | 1099-B,1099R | 1042 S | 1099-G | 1099SSA,RRB |
| Disability and sick pay | Winnings from gambling | Prizes and awards | Rental income | Alimony received | HMI(INDIA) |

* If you received any of the following documents please mail us along with tax notes.

REFERRAL SCHEME (REFER AND EARN)

|  |
| --- |
| **Refer your friends or colleagues to get referral bonus @10% of what your referral pays to us.**  |
| FRIEND/COLLEAGUE NAME | E-MAIL ID | CONTACT NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

TAX PREPERATION FEE FOR TY2018

|  |  |
| --- | --- |
| **FEDERAL- STANDARD RETURN(1040)** | **$19.99** |
| **EACH STATE RETURN** | **$29.99** |
| **FEDERAL – NR RETURN(1040NR)** | **$59.99** |
| **ITIN FILING** | **$99.99** |
| **ITIN FILING – NON RESIDENT** | **$149.99** |
| **SCHEDULE C,E & 1099MISC** | **$119.99** |
| **FBAR FILING/FATCA FILING** | **$24.99** |
| **STATE RENTAL CREDIT & OSTC CREDIT PLANNING** | **$24.99** |
| **CITY RETURN & COUNTY TAXES** | **$24.99** |
| **STOCK TRANSACTION(PER PAGE)** | **$9.99** |
| **OPTIMIZED TAX PLANNING CHARGES(includes service worth $349)** | **$149.99** |
| **UNLIMITED TAX REPRESENTATION FOR 8 SUCCESSIVE YEARS**  | **FREE** |

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 and support.

Warm Regards,