

# **CLIENT TAX NOTES – TY2018**

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:chandana@gtaxfile.com">chandana@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 TY2018.

### 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<br>(Child1) | Dependent 2<br>(Child -2) | Dependent 3<br>(Other<br>dependent<br>person) |
|--|---|--------|-------------------------|---------------------------|---|
| First Name (per SSN/ITIN)  | Sai Kaushsik                                |        |                         |                           |   |
| Middle Name (per SSN/ITIN)   |   |        |                         |                           |   |
| Last Name (per SSN/ITIN)   | Sreekanta                                   |        |                         |                           |   |
| SSN/ITIN Number  | 807-33-2917                                 |        |                         |                           |   |
| Date of Birth (MM/DD/YY)   | 06/17/1993                                  |        |                         |                           |   |
| Relationship with Primary<br>Taxpayer                                | Self  |        |                         |                           |   |
| Occupation   | Employee                                    |        |                         |                           |   |
| Current Address  | 499 Boston Rd,#2221,<br>Billerica, MA-01821 |        |                         |                           |   |
| Cell Number  | 72 <mark>0-</mark> 695- <b>7</b> 771        |        |                         |                           |   |
| Alternative Number (Home)  |   |        |                         |                           |   |
| Work Number (with Extension)   |   |        |                         |                           |   |
| Email address  | sreekanta.kaushik@gmail.com                 |        |                         |                           |   |
| First port of entry Date (MM/DD/YY)                                  | 12/27/2014                                  |        |                         |                           |   |
| Visa status on 31st Dec 2018   | OPT EAD                                     |        |                         |                           |   |
| Any change in visa status during the year 2018 (if yes pls. specify) | No  |        |                         |                           |   |
| Marital status as on   | Single                                      |        |                         |                           |   |



| Single |    |    |    |    |
|--------|----|----|----|----|
|        |    |    |    |    |
|        |    |    |    |    |
|        |    |    |    |    |
| 12     |    |    |    |    |
| Yes    |    |    |    |    |
|        |    |    |    |    |
|        |    |    |    |    |
|        |    |    |    |    |
|        | 12 | 12 | 12 | 12 |

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 -

| Dependent Name | Name of the Organization | Address with Phone<br>Number | Federal ID Number (EIN / SSN) of<br>the Organization / Person who<br>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 Deposit amount(Optional) | t of Refund Amount/Auto withdrawal of owe |
|--|---|
| Bank <mark>Na</mark> me                          | Bank of America                           |
| Bank Routing Number (Paper                       |   |
| or Electronic)                                   | 011000138                                 |
| Bank Account Number                              | 004666188825                              |
| Checking / Saving Account                        | Checking                                  |
| Account Holder Name                              | Sai Kaushik Sreekanta                     |
|  |   |



## **RESIDENCY DETAILS:**

|               | States Residency Details |                 |                  |      | State    | es Residency De | tails         |
|---------------|--------------------------|-----------------|------------------|------|----------|-----------------|---------------|
| Taxpayer Spou |                          |                 | Spouse           |      |          |                 |               |
| Year          | State(s)                 | From (MM/DD/YY) | To<br>(MM/DD/YY) | Year | State(s) | From (MM/DD/YY) | To (MM/DD/YY) |
| 2018          | MA                       | 01/01/2018      | 12/31/2018       | 2018 |          |                 |               |
| 2017          |                          |                 |                  | 2017 |          |                 |               |
| 2016          |                          |                 |                  | 2016 |          |                 |               |

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). |
|-------------------|---|-----------------------|--|
|                   | \$3226.72                               | \$11,108.15 (Federal) |  |

# 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 |
|--|----------------|--|--|---------------------------------------|
|  |                |  |  |                                       |
|  |                | Bank Name (Foreign)  | Bank Address<br>(Foreign)                |                                       |
|  |                |  |  |                                       |

|      | CHARITY CONTRIBUTIONS       |                |                     |                            |  |  |  |
|------|-----------------------------|----------------|---------------------|----------------------------|--|--|--|
| S.no | Charitable Institution Name | Donated Amount | Property<br>Donated | FMV of Property<br>Donated | No. of trips driven and one way distance |  |  |
| 1    | Gofundme                    | \$500          |                     |                            |  |  |  |
| 2    |                             |                |                     |                            |  |  |  |



3

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

|          | <u>Vehicle Information</u> |                 |                                 |                                      |                  |               |  |
|----------|----------------------------|-----------------|---------------------------------|--------------------------------------|------------------|---------------|--|
|          | Name of the Vehicle        | Make &<br>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 2018 | Cost | Purchase date | Receipt Available or not |
|-------------------------------------|------|---------------|--------------------------|
|                                     |      |               |                          |
|                                     |      |               |                          |
|                                     |      |               |                          |
|                                     |      |               |                          |

### **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 From 1099-HC. |     |

#### INVESTMENTS – SALE &PURCHASE OF STOCKS

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

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 | Others (If |
|-------------|---------------|---------------|----------|------------|
|             |               |               |          |            |
|             |               |               |          |            |



|                           |  | Income | any) |
|---------------------------|--|--------|------|
| a) Amount of Foreign      |  |        |      |
| Income                    |  |        |      |
| b) Foreign Taxes Withheld |  |        |      |
| (like Form-16/16A)        |  |        |      |

| Other Deductions – Ad                                     |          |        |
|---|----------|--------|
| 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 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 |               |             |
| Tax Year 2018   |               |             |
| Did you have more than \$50,000 in your Foreign Accounts at any time during the |               |             |
| Tax Year 2018   |               |             |

Note: You may have to FBAR (Foreign Bank Account Report) before April 15, 2019 if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded \$10,000 at any time during the tax year 2018. You may have to file FATCA (Foreign Account tax Compliance Act) before April 15, 2019 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 2018.

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

| Duly Filled TY-2018 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 2018) |  |
| 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)   |  |

| 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 TY2                                       | 018                |
|---|--------------------|
| Filing Status: Single   MFJ   MFS   HOH   QWDC                    |                    |
| Particulars   | Fee(\$)            |
| Federal – Standard Return (Form 1040)                             | \$ 49.99           |
| Each State Tax Return   | \$ 29.99           |
| 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*         |  |
| Optimized Tax Planning Charges (Includes All Services of Value \$300) | \$150          |  |

- 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:<u>support@gtaxfile.com</u>, <u>chandana@gtaxfile.com</u>,

