

**Vienna, VA 22183**

 **Office: 703-376-3737(Ext- 100 , 101 &-106)**

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**Dear Taxpayer –**

**To complete the Tax organizer, fill all relevant information in the designated areas on each page. Please add any notes that will help us to understand and prepare accurate Tax return. We plan how to optimize your Tax returns.**

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| **RATE CARD** |
| **Particulars** | **Client Fee** |
| **Federal Return** | **$59.99** |
| **Each State Return** | **$89.99** |
| **Head of Household & Single** | **HOH - $ 349.99, Single - $249.99****(More tax benefit)** |
| **Itemized Federal Return/** | **$199.99 to $ 349.99****(Depend upon complexity of taxes )** |
| **Non-resident Spouse Election/** |
| **Non-resident Income Tax Return** |
| **Tax Return Evaluation Services for All Tax Year**  | **-** |
| **ITIN Processing guidance (Form W7)** | **-** |
| **\*FBAR Processing guidance**  | **-** |
| **Tax Representation services (in case of Audits/Notices)** | **-** |
| **Extension Filing** | **-** |
| **Managed Hosting Services**  | **-** |

**We look forward to provide best services to you. If you have questions regarding any information below, please do not hesitant to contact us. We put our expertise to work for you!**

**Thank you for your help in ensuring that we have all the information necessary to complete your tax return. Please e-mail us at****mahesh@taxesontime.com****george@taxesontime.com** **if you need any further assistance.**

**Yours Sincerely,**

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| **PERSONAL INFORMATION (As Per SSN)** |
| **Particulars** | **Taxpayer** | **Spouse** |
| First Name  | RAMA MOHAN | NAGAVALLI |
| Middle Name |  |  |
| Last Name | GARLAPATI | PULLURU |
| SSN / ITIN | 792-53-0459 | 150-06-5937 |
| Date of Birth(mm/dd/yyyy) | 07/02/1976 | 10/08/1976 |
| Visa Type as on Dec 31, 2019 | H1B | H4 |
| First Port of Entry Date into US (mm/dd/yyyy) | 03/24/20117 | 03/2/42017 |
| Was there any change in the Visa Status during 2019? Mention dates | No | no |
| No. of months stayed in US during 2019 | 12 | 12 |
| Will you stay in US for more than 183 Days in next year 2020? | Yes | Yes |
| Marital Status as on Dec 31, 2019 | Married | Married |
| Date of Marriage (mm/dd/yyyy) | 11/15/2002 | 11/15/2002 |
| Current Address | 134 Charles St. GF Jersey City, NJ-07307 | 134 Charles St. GF Jersey City, NJ-07307 |
| Job Title with Designation |  |  |
| Cell Number & Home Number | 614-401-7314 |  |
| Need Indian Tax Help YES/NO |  |  |
| **Email Id** | ramamohang2@gmail.com |  |

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| **Note : Do you have any health coverage insurance covered by your employer Yes/ No : NO** |
| **Note : Do you have any health coverage insurance by you (with others )then provide form 1095-A Yes** |

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| **Note : If you are on F1 Visa please provide how many days you were present in US during TY-2019,2018,2017& what type of Tax Returns you filed last year (Yes / No ) Example : 1040,1040NREtc**

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| **2019 :**  | **2018:** | **2017:** | **Type of Return-- 2018 :** |

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| **CHILD/DEPENDENTINFORMATION** |
| **Particulars** | **Child 1** | **Child 2** | **Dependent** |
| First Name | VISHWAS  | VAISHNAVI |   |
| Middle Name |   |   |   |
| Last Name | GARLAPATI  | GARLAPATI |   |
| Relationship |  SON | DAUGHTER |   |
| Date of Birth (mm/dd/yyyy) | 08/16/2005  | 06/12/2008 |   |
| (SSN) or ITIN | 960-98-5131(ITIN)  | 960-98-5135(ITIN)  |   |
| Visa Status as on 31st Dec,2019 |  H4 | H4 |   |
| First Port of Entry Date into US (mm/dd/yyyy) |  03/24/20117 | 03/24/20117  |   |
| Number of months stayed in US with you |  12 months | 12 months |   |
| **Note: If dependent income is more than $1900 then he/she has to file separately his/her tax returns.****Extra Benefit for All Dependants $500 Provide all details**  |

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| **CHILD/DEPENDENT CARE EXPENSES** |
| **(Ex: Day Care Expenses, Preschool/Nursery Expenses, etc.)** |
| Name of the Dependent for whom the expenses were incurred |   |
| Name of the Institution/Person to whom the amount was paid |   |
| Federal ID/SSN of the Institution/Person to whom the amount was paid |   |
| Address of the Institution (Street Address, City, State, Zip code) |   |
| Amount of Expenditure Incurred |   |
| Amount reimbursed by the Employer, if any |   |
| **Note: If Taxpayer & Spouse (Full Time Student) are working then fill the above details.** |

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| **BANK DETAILS– For Direct Deposit / Electronic Funds Withdrawal Information** |
| Name on the account |  |
| Name of the Bank  |  |
| US Bank Routing Number (9 Digits, Paper/electronic) |  |
| US Bank Account Number |  |
| Type of Account |  |
| **Note: You can give the bank information after payment as well. It is not mandatory as of now.** |

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| **RESIDENCY DETAILS** |
|  | **Taxpayer** | **Spouse** |
| **Tax Year** | **States Resided** | **Period of Stay from start date** | **Period of Stay to end date** | **States Resided** | **Period of Stay from start date** | **Period of Stay to end date** |
| **2019** | CANJ | 01/31/201912/01/2019 | **11/31/2019****12/31/2019** | CANJ | 01/31/201912/01/2019 | **11/31/2019****12/31/2019** |
| **2018** |  |  |  |  |  |  |
| **2017** |  |  |  |  |  |  |

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| **EMPLOYMENT DETAILS** |
| **Particulars** | **Taxpayer** | **Spouse** |
| Name of the Employer | ERP Analysts  |   |
| Employer Location (City, State) | 425 Metro Pl N # 510, Dublin, OH 43017  |   |
| Designation | Programmer Analysts  |   |
| Job Title with Designation |   |   |
| Employment Start Date  | 04/01/2017  |   |
| Employment End Date  |  09/05/2019  |   |
| Do you work at Employer Location (or) at Client Location on projects/assignments? | client |   |
| **Note: If worked with two or more employers copy and paste the above table.** |

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| **EMPLOYMENT DETAILS** |
| **Particulars** | **Taxpayer** | **Spouse** |
| Name of the Employer | ZVST cloud Technologies  |   |
| Employer Location (City, State) | 180 S Weidman Rd #111, Manchester, MO 63021 |   |
| Designation | PeopleSoft Integrator/Support Analyst |   |
| Job Title with Designation |   |   |
| Employment Start Date  | 04/01/2017  |   |
| Employment End Date  |  09/06/2019  |   |
| Do you work at Employer Location (or) at Client Location on projects/assignments? | client |   |
| **Note: If worked with two or more employers copy and paste the above table.** |
| **MOVING / RELOCATION EXPENSES: Form-3903 only for Military**  |
| **Particulars** | **Type of Relocation** | **Expenses Incurred(Only for Yourself)** |
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| **Note: You can claim moving or relocation expenses for yourself/your family member’s & Pets** |

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| **INCOME** |
|  | **Other Income** | **Taxpayer** | **Spouse** |
| Provide W2 copy received from All Employers |  Taxable refunds from Last year (State Refunds, if any) provide 1099 G or last year tax return copy |  |  |
| If Received any Interest / Dividend Income – Provide 1099INT / 1099DIV | Unemployment Compensation received if any – Provide Form 1099 G |  |  |
| Have made any Stock transaction – Provide Form 1099B | Alimony received, if any – Provide recipient SSN  |  |  |
| Sale of any stock option like ISO/ESPP/ESOP provide the relevant document | Gambling winning – Provide Form W – 2G |  |  |
| IRA Distribution or Pensions & Annuities, if any – Provide Form 1099R | Any Foreign income |  |  |

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| **ITEMIZED DEDUCTIONS** |
| **Medical expenses Subject to 10% of AGI** | **Taxes You Paid** | **Interest You Paid** |
| **Particulars** | **Amount** | **Particulars** | **Amount** | **Particulars** | **Primary Residency - US** | **Secondary Residency****-US** |
| Medical Insurance Premium |  | Real Estate Tax – primary Residency |  | Home Mortgage Interest Paid – Provide Form 1098 |  |  |
| Prescription Drug |  | Real Estate Tax – Secondary Residency |  | Home Mortgage interest paid  |  |  |
| Glasses , Contacts |  | Personal Property Tax paid, If any |  | Mortgage Insurance Premium paid |  |  |
| Hospital Charges |  | Taxes Paid for Last year on State Tax Return (TY2018) |  |  |
| Doctor/ Dental/ Orthodontist |  | **Comments to Preparer:** |
| Maternity |  |
| Miles (Medical Purpose) |  |

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| **CASH CHARITABLE CONTRIBUTIONS (enclose receipt’s)** |
| **Charitable OrganizationName and Address** | **Amount Donated** | **No. of Trips in the year** | **One way distance Home and the Charitable Institution** |
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| **Note: If you have contributed more than $ 250, need to maintain receipts from such Charitable Organization** |

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| **OTHER THAN CASH CHARITABLE CONTRIBUTIONS (enclose receipt’s)** |
| **Charitable Organization Name and Address** | **Description of property**  | **Cost or basis** | **Fair Market Value (FMV) on the date of contribution** | **No. of Trips in the year**  | **One way distance Home and the Charitable Institution** |
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| **Note: If you have contributed more than $ 500, need to maintain receipts from such Charitable Organization** |

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| **FOREIGN INCOME (IF ANY)** |
| **Name of the Country** | **Salary Income** | **Dividend Income** | **Interest Income** | **Rental Income** |
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| **DEDUCTIONS – Adjustment to Income** |
| **Particulars**  | **Taxpayer** | **Spouse** |
| Educator Expense (only for teaching Professionals) |  |  |
| Contribution made towards Health Saving account (HSA) |  |  |
| Penalty on early withdrawal of savings |  |  |
| Alimony paid :&Recipient’s SSN : |  |  |
| Traditional IRA Contributions, if any |  |  |
| Student loan interest paid, If any – Provide Form 1098 E |  |  |
| Higher Education Tuition and fees, if any – Provide Form 1098 T (Mandatory) |  |  |

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| **QUESTIONAIRE** |
| **Particulars** | **Taxpayer** **(Yes/No)** | **Spouse** **(Yes/No)** |
| **\*Did You Have More Than $10,000 In Your Foreign Accounts At Any Time During The Tax Year 2019?FBAR** |   |   |
| **\*Did you have more than $50,000 in your Foreign Investment Accounts at any time during the Tax Year 2019?FATCA** |   |   |
| Did you claim any **First Time Home Buyer Credit** on 2018 return? If yes, please mention the amount you claimed. Some taxpayers are required to repay the credit claimed in 15 tax years. |  |  |
|  Do you have any **Rental Income** for Tax Year 2019 |  |  |
| Do you have any **Business Income** for Tax Year 2019 |  |  |
| Did you or your Spouse file an **Iowa** Income Tax Return last year? If YES - Provide last year federal tax return |  |  |
| Are you or your Spouse covered by **Massachusetts** Health Insurance? If YES - Provide Form 1099-HC |  |  |
| **Casualty & Theft loses**– If you suffered any sudden, unexpected damage or lose of property or a theft, if any provide details. |  |  |
| Have you paid any Estimated Tax Payments during the Tax Year**2019(If Yes Please give the details)** |  |  |

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| **NOTES FOR TAX PREPARER** |
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| **REFER YOUR FRIENDS/COLLEAGUES** |
| **Name** | **Contact Number** | **Email-ID** |
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**OUR OTHER SERVICES OFFERINGS**

* **For Small Business Owners (With S-Corp/C-Corp/LLC/LLP):**
	+ **Business Incorporation & Consulting**
	+ **Tax Return Planning, Preparation & Filing – For Corporation & Employees**

**We thank you in advance for providing us the information as requested in this document (Browse thru all the pages). We look forward to a long lasting, mutually benefiting relationship. Assuring the best of our services at all times.**



**Vienna, VA 22183**

**Office: 703-376-3737,**

**Email:** **mahesh@taxesontime.com****George@taxesontime.com**