

CLIENT TAX NOTES – TY2022

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 TY2022.

PERSONALINFORMATION

Particulars	Primary Taxpayer	Spouse	Dependent 1	Dependent 2	Dependent
			(Child-1)	(Child-2)	3
					(Other
					dependent
FIDOT ALABAT /DED	DDARAOD VADRAA	TADITUA	ACHICH	AVANCII	person)
FIRST NAME (PER	PRAMOD VARMA	ТАВІТНА	ASHISH	AYANSH	
SSN/ITIN)			VARMA	VARMA	
MIDDLE NAME (PER					
SSN/ITIN)					
LAST NAME (PER	PINNAMARAJU	PINNAMARAJ	PINNAMARAJ	PINNAMARAJ	
SSN/ITIN)		U	U	U	
SSN/ITIN NUMBER	160-15-8470 (SSN)	955-97-8879	968-91-9160	326-89-6353	
		(ITIN)	(ITIN)	(SSN)	
DATE OF BIRTH	10/29/1984	06/13/1990	06/15/2015	09/20/2020	
(MM/DD/YY)					
RELATIONSHIP WITH	Self	Spouse	Son	Son	
PRIMARY TAXPAYER					
OCCUPATION	Software Engineer	Home Maker	Student	NA	
CURRENT ADDRESS	212 Villa Circle DR, Unit	212 Villa Circle	212 Villa Circle	212 Villa Circle	
	#18, Palatine, IL 60067	DR, Unit #18,	DR, Unit #18,	DR, Unit #18,	
		Palatine, IL	Palatine, IL	Palatine, IL	
		60067	60067	60067	
CELL NUMBER	443-500-0234				
ALTERNATIVE NUMBER					
(HOME)					
WORK NUMBER (WITH					
EXTENSION)					
EMAIL ADDRESS	pramodpvarma@gmail.co				
	m				
	I .	1	l	l	



FIRST PORT OF ENTRY DATE (MM/DD/YY)	12/23/2015	07/06/2016	07/06/2016	NA
VISA STATUS ON 31 ST DEC 2022	H1B	H4	H4	Citizen
ANY CHANGE IN VISA STATUS DURING THE YEAR 2022 (IF YES PLS. SPECIFY)	No	No	No	No
MARITAL STATUS AS ON DEC 31,2022	Married	Married	NA	NA
DATE OF MARRIAGE (IF APPLICABLE)				
FILING STATUS (SINGLE/MARRIED/HEA D OF HOUSEHOLD)				
NO. OF MONTHS STAYED IN US DURING 2022	12 Months	12 Months	12 Months	12 Months
WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2023 – (YES OR NO)	Yes	Yes	Yes	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 (470)-480-1883 OR WRITE TO info@gtaxfile.com

CHILD AND DEPENDENT CARE EXPENSES PROVIDER DETAILS -

DEPENDENT NAME	NAME OF THE	ADDRESS WITH PHONE	FEDERAL ID NUMBER (EIN / SSN)	AMOUNT PAID
	ORGANIZATION	NUMBER	OF THE ORGANIZATION / PERSON	
			WHO PROVIDED THE CARE.	

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	WELLS FARGO			
BANK ROUTING NUMBER (PAPER OR ELECTRONIC)	055003201			
BANK ACCOUNT NUMBER	3661044648			
CHECKING / SAVING ACCOUNT	Checking			
ACCOUNT HOLDER NAME	PRAMOD VARMA PINNAMARAJU			

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)	
2022	IL	01/01/2022	12/31/2022	2022	IL	01/01/2022	12/31/2022	
2021	IL	01/01/2021	12/31/2021	2021	IL	01/01/2021	12/31/2021	
2020	IL	01/01/2020	12/31/2020	2020	IL	01/01/2020	12/31/2020	

Medical Expenses:

Prescription medications	Health insurance premiums	Doctors, Dentists, etc.	Hospitals, clinics, etc.	Eyeglasses and contact lenses	Maternity expenses, if any
		4500			

Taxes Paid:

Real estate taxes	State and local Personal property taxes	· •	Additional State taxes paid while filing last year taxes (TY2022).
5000			

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 (Foreign)	

Note: Are you planning to purchase any H	ouse Property	in Tax Year 2023 In United	d States Of America	
Please Mention Yes Or No	Yes			
				,

	CHARITY CONTRIBUTIONS						
S. No	Charitable Institution Name	Donated Amount	Property	FMV of Property	No. of trips driven and one		
			Donated	Donated	way distance		
1							
2							
3							

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

Vehicle Information						
	Name of the Vehicle	Make & Model	Total miles driven in year 2022	One-way distance from Home to Office	Parking and toll	Purchase date
Taxpayer	Honda	Accord Hybrid	8000	20		
Taxpayer						
Spouse						

Business Assets Or Environment Saving Assets purchased:

Name of the Asset Purchased in 2022	Cost	Purchase date	Receipt Available or not

GLOBAL TAX						

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

Other Deductions – Adju	stments to Income	
Particulars	Taxpayer	Spouse
Educator expenses – only for Teaching profession (\$ 250)		
Health savings account Contribution		
Pena <mark>lty on</mark> early w <mark>ith</mark> drawal of saving		
Contribution towards Traditional IRA for 2022		
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 2022		
Did you have more than \$50,000 in your Foreign Accounts at any time during the		
Tax Year 2022		

Note: You may have to FBAR (Foreign Bank Account Report) before April 18, 2023 if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded \$10,000 at any time during the tax year 2022. You may have to file FATCA (Foreign Account tax Compliance Act) before April 18, 2023 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 2022.

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

OPLOAD / EMIAIL THE POLLOWING DOCOMENTS ALONG WITH THE TH	IIS TAX ORGANISER
Duly Filled TY-2022 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 2022)	
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)	

Refer a friend(s) to get Referral Bonus@ \$ 10 for Each paid client to us. **					
S. No	Friend(s) Name	Friends E-mail ID	Contact Number		
1					
2					
3					
4					
5					
6					

