

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 3
			(Child-1)	(Child-2)	(Other
					dependent
					person)
FIRST NAME (PER	Rajath	NA	NA	NA	NA
SSN/ITIN)					
MIDDLE NAME (PER	NA	NA	NA	NA	NA
SSN/ITIN)					
LAST NAME (PER	Chikkatur	NA	NA	NA	NA
SSN/ITIN)	Srinivasa				
SSN/ITIN NUMBER		NA	NA	NA	NA
DATE OF BIRTH	06/13/1996	NA	NA	NA	NA
(MM/DD/YY)					
RELATIONSHIP WITH	Self	NA	NA	NA	NA
PRIMARY TAXPAYER					
OCCUPATION	Employed	NA	NA	NA	NA
CURRENT ADDRESS	331 Carpenter	NA	NA	NA	NA
	Dr,6,				
CELL NUMBER	4709092758	NA	NA	NA	NA
ALTERNATIVE NUMBER	NA	NA	NA	NA	NA
(HOME)					
WORK NUMBER (WITH	NA	NA	NA	NA	NA
EXTENSION)					
EMAIL ADDRESS	rajathcs.1996@g	NA	NA	NA	NA
	mail.com				
FIRST PORT OF ENTRY	12-06-2020	NA	NA	NA	NA
DATE (MM/DD/YY)					
VISA STATUS ON 31 ST DEC	F-1	NA	NA	NA	NA
2022					



ANY CHANGE IN VISA	No	NA	NA	NA	NA
STATUS DURING THE YEAR					
2022 (IF YES PLS. SPECIFY)					
MARITAL STATUS AS ON	NA	NA	NA	NA	NA
DEC 31,2022					
DATE OF MARRIAGE (IF	NA	NA	NA	NA	NA
APPLICABLE)					
FILING STATUS	Single	NA	NA	NA	NA
(SINGLE/MARRIED/HEAD					
OF HOUSEHOLD)					
NO. OF MONTHS STAYED	12	NA	NA	NA	NA
IN US DURING 2022					
WILL YOU STAY IN US FOR	Yes	NA	NA	NA	NA
MORE THAN 183 DAYS IN					
YEAR 2023 – (YES OR NO)					
IF ANY OTHER	NA	NA	NA	NA	NA
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	FEDERAL ID NUMBER (EIN	AMOUNT			
	ORGANIZATION	PHONE NUMBER	/ SSN) OF THE	PAID			
			ORGANIZATION / PERSON				
			WHO PROVIDED THE CARE.				
NA	NA	NA	NA	NA			
NA	NA	NA	NA	NA			
NA	NA	NA	NA	NA			

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	Cannot Provide at this Point				
BANK ROUTING	Cannot Provide at this Point				
NUMBER					
(PAPER OR ELECTRONIC)					



BANK ACCOUNT NUMBER	Cannot Provide at this Point
CHECKING / SAVING ACCOUNT	Cannot Provide at this Point
ACCOUNT HOLDER NAME	Cannot Provide at this Point

RESIDENCY DETAILS:

	RESIDENCE DETAILS.						
STATES RESIDENCY DETAILS			STATES RESIDENCY DETAILS			TAILS	
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	GA	1/1/2022	12/31/2022	2022	NA	NA	NA
2021	GA	1/1/2021	12/31/2021	2021	NA	NA	NA
2020	GA	12/16/2020	12/31/2020	2020	NA	NA	NA

Medical Expenses:

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



Taxes Paid:

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

Home Mortgage Interest

Home mortgage interest paid in US -*FORM	Points, if any	Home mortgage interest paid in INDIA – *Below details required	Mortgage insurance premiums paid, if	Investment interest. Attach Form 4952
1098Mandatory			any	1552
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
NA	NA	Bank Name (Foreign)	Bank Address	NA
			(Foreign)	
NA	NA		NA	NA
		NA		

Note: Are you planning to purchase any House Property in Tax Year 2023 In United States Of America

Please Mention Yes Or No

Yes

No

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



2	NA	NA	NA	NA	NA
3	NA	NA	NA	NA	NA

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 Model driven in year Vehicle Name of Vehicle Total miles driven in year 2022 One-way distance from Home to Office Parking and toll date							
Taxpayer	NA	NA	NA	NA	NA	NA	
Taxpayer	NA	NA	NA	NA	NA	NA	
Spouse	NA	NA	NA	NA	NA	NA	

Business Assets Or Environment Saving Assets purchased:

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

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	NA
IF you/your spouse resident of MA state, Covered by Massachusetts Health Insurance. Please provide From 1099-HC.	NA

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

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	
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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	NA	NA	NA	NA
b) Foreign Taxes Withheld (like Form-16/16A)	NA	NA	NA	NA

Other Deductions – Adjustments to Income					
Particulars Particulars	Taxpayer	Spouse			
Educator expenses – only for Teaching profession (\$ 250)	NA	NA			
Health savings account Contribution	NA	NA			
Penalty on early withdrawal of saving	NA	NA			
Contribution towards Traditional IRA for 2022	NA	NA			
Student loan interest deduction – Provide Form 1098 E	Yes	NA			
Tuition & Fees Provide Form 1098-T	Yes	NA			
Gambling Losses	NA	NA			

FOR FBAR/FATCA

	Tax Payer(No)	Spouse (No)
Did you have more than \$10,000 in your Foreign Accounts at any time	No	NA
during the Tax Year 2022		
Did you have more than \$50,000 in your Foreign Accounts at any time	No	NA
during the		ļ
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

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	NA
1099-G: Unemployment Compensation/state income tax refund	NA
K-1:Partnerships,Trusts,Estates and S-Corporations	NA
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	NA
Foreign Tax certificate (if you made any income from foreign country during 2022)	NA
Disability and Sick Pay	NA
Gambling Winnings	NA
Form W-2G – Income from Gambling	
Prizes and Awards	NA
Rental Income (if any) INDIA or USA	NA
Alimony Received (if any)	NA
Home Mortgage Statement (India) (From 01st Jan To 31st Dec)	NA
Education Loan Interest Certificate (India) (From 01 st Jan To 31 st Dec)	NA
Form-1099HC-(Details Required From Tax Payer who is residing in MA)	NA
For New ITIN Or Renewal ITIN (Passport and VISA First and Last page is required)	NA

Refer a friend(s) to get Referral Bonus@ \$ 10 for Each paid client to us.**

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S. No	Friend(s) Name	Friends E-mail ID	Contact Number
1			
2			
3			
4			
5			
6			

