**CLIENT TAX NOTES – TY2022**

DEAR TAX PAYER,

GREETINGS!

PLEASE FILLTHE BELOW TAX ORGANIZER FORM AND UPLOAD IT IN YOUR SECURED LOGIN OR EVEN YOU CAN E-MAIL IT TO US AT[SHRAVANI@GTAXFILE.COM](mailto:shravani@gtaxfile.com)ALONG WITH YOUR FORM W2 & ANY OTHER INCOME AND EXPENSE 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 (CHILD-1)** | **DEPENDENT 2**  **(CHILD-2)** | **DEPENDENT 3**  **(OTHER DEPENDENT PERSON)** |
| **FIRST NAME (PER SSN/ITIN)** | **VIVEK REDDY** |  |  |  |  |
| **MIDDLE NAME (PER SSN/ITIN)** |  |  |  |  |  |
| **LAST NAME (PER SSN/ITIN)** | **ELETI** |  |  |  |  |
| **SSN/ITIN NUMBER** | **4692904329** |  |  |  |  |
| **DATE OF BIRTH (MM/DD/YY)** | **04/30/1996** |  |  |  |  |
| **OCCUPATION** | **SOFTWARE ENGINEER** |  |  |  |  |
| **CURRENT ADDRESS** | **1053 WILMINGTON AVE, UNIT-2, DAYTON, OH, 45420** |  |  |  |  |
| **CELL NUMBER** | **937-241-3509** |  |  |  |  |
| **ALTERNATIVE NUMBER (HOME)** |  |  |  |  |  |
| **WORK NUMBER (WITH EXTENSION)** |  |  |  |  |  |
| **EMAIL ADDRESS** | **VIVEKREDDYALETI369@GMAIL.COM** |  |  |  |  |
| **FIRST PORT OF ENTRY DATE (MM/DD/YY)** | **01/10/2019** |  |  |  |  |
| **VISA STATUS ON 31ST DEC 2022** | **STEM-OPT** |  |  |  |  |
| **ANY CHANGE IN VISA STATUS DURING THE YEAR 2022(IF YES PLS. SPECIFY)** | **OPT TO STEM-OPT** |  |  |  |  |
| **MARITAL STATUS AS ON**  **DEC 31,2022** | **SINGLE** |  |  |  |  |
| **DATE OF MARRIAGE (IF APPLICABLE)** | **NA** |  |  |  |  |
| **FILING STATUS (SINGLE/MARRIED/HEAD OF HOUSEHOLD)** | **SINGLE** |  |  |  |  |
| **NO.OF MONTHS STAYED IN US DURING 2022** | **12 MONTHS** |  |  |  |  |
| **WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2023– (YES OR NO)** | **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)-480-1881 OR WRITE TO SRUTHI@GTAXFILE.COM**

**CHILD AND DEPENDENT CARE EXPENSES PROVIDER DETAILS -**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEPENDENT NAME** | **NAME OF THE ORGANIZATION** | **ADDRESS WITH PHONE NUMBER** | **FEDERAL ID NUMBER (EIN / SSN) OF THE ORGANIZATION / PERSON WHO 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.**

**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. PLEASECOMPLETECHILDCARE EXPENSESSECTION 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 | CAPITAL ONE |
| BANK ROUTING NUMBER  (PAPER OR ELECTRONIC) | 031176110 |
| BANK ACCOUNT NUMBER | 36138834200 |
| CHECKING / SAVING ACCOUNT | CHECKINGS |
| ACCOUNT HOLDER NAME | VIVEK REDDY ELETI |

**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** | OHIO | 01/01/2022 | 12/31/2022 | **2022** |  |  |  |
| **2021**  **2021** | OHIO  TEXAS | 09/01/2021  01/10/2021 | PRESENT  08/31/2021 | **2021** |  |  |  |
| **2020** | OHIO | 01/01/2020 | 12/31/2020 | **2020** |  |  |  |

* **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 ISNECESSARY 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 PLEASE UPLOAD OR EMAIL YOUR W2 AND OTHER INCOME RELATED STATEMENTS TO PREPARE YOUR TAXES ACCURATELY.**

**LOOKING FOR YOUR BUSINESS & SUPPORT!**

**WARM REGARDS,**

**GTAX FILELLC. (GLOBAL TAXES TEAM)**

**EMAIL:**[**SHRAVANI@GTAXFILE.COM**](mailto:shravani@gtaxfile.com)