**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 (CHILD-1)** | **DEPENDENT 2****(CHILD-2)** | **DEPENDENT 3****(OTHER DEPENDENT PERSON)** |
| --- | --- | --- | --- | --- | --- |
| **FIRST NAME (PER SSN/ITIN)** | SHIPRA  |  |  |  |  |
| **MIDDLE NAME (PER SSN/ITIN)** |  |  |  |  |  |
| **LAST NAME (PER SSN/ITIN)** | SHARMA  |  |  |  |  |
| **SSN/ITIN NUMBER** | 794-57-2412 |  |  |  |  |
| **DATE OF BIRTH (MM/DD/YY)** | 02/12/93 |  |  |  |  |
| **RELATIONSHIP WITH PRIMARY TAXPAYER** |  |  |  |  |  |
| **OCCUPATION** | TEST ENGINEER  |  |  |  |  |
| **CURRENT ADDRESS** | 574, CHARIOT WAY, MARYSVILLE  | Current ADDRESS:574, CHARIOT WAY MARYSVILLE OHIO - 43040 |  |  |  |
| **CELL NUMBER** | +1 947-336-0759 |  |  |  |  |
| **ALTERNATIVE NUMBER (HOME)** |  |  |  |  |  |
| **WORK NUMBER (WITH EXTENSION)** |  |  |  |  |  |
| **EMAIL ADDRESS** | SHIPRA.SHARMA403@GMAIL.COM |  |  |  |  |
| **FIRST PORT OF ENTRY DATE (MM/DD/YY)** | 12/03/22 |  |  |  |  |
| **VISA STATUS ON 31ST DEC 2022** | H1B  |  |  |  |  |
| **ANY CHANGE IN VISA STATUS DURING THE YEAR 2022 (IF YES PLS. SPECIFY)** | NO |  |  |  |  |
| **MARITAL STATUS AS ON** **DEC 31,2022** | SINGLE  |  |  |  |  |
| **DATE OF MARRIAGE (IF APPLICABLE)** |  |  |  |  |  |
| **FILING STATUS (SINGLE/MARRIED/HEAD OF HOUSEHOLD)** | SINGLE  |  |  |  |  |
| **NO. OF MONTHS STAYED IN US DURING 2022** | LESS THAN 1 MONTH  |  |  |  |  |
| **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)-480-1883 OR WRITE TO INFO@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. 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 | CHASE BANK  |
| BANK ROUTING NUMBER (PAPER OR ELECTRONIC) | 044000037 |
| BANK ACCOUNT NUMBER | 913999725 |
| CHECKING / SAVING ACCOUNT |  |
| ACCOUNT HOLDER NAME | SHIPRA SHARMA  |

**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** | MICHIGANOHIO | 12/03/2212/17/22 | 12/16/2212/31/22 | **2022** |  |  |  |
| **2021** |  |  |  | **2021** |  |  |  |
| **2020** |  |  |  | **2020** |  |  |  |

**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)** |  |
|  |  |  |  |  |





| **CHARITY CONTRIBUTIONS** |
| --- |
| **S. NO** | **CHARITABLE INSTITUTION NAME** | **DONATED AMOUNT** | **PROPERTY DONATED** | **FMV OF PROPERTY DONATED**  | **NO. OF TRIPS DRIVEN AND ONE 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** |