

# **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 <a href="mailto:shravani@gtaxfile.com">shravani@gtaxfile.com</a> 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)	Akhil				
MIDDLE NAME (PER SSN/ITIN)					
LAST NAME (PER SSN/ITIN)	Volam				
SSN/ITIN NUMBER	662998303				
DATE OF BIRTH (MM/DD/YY)	12/27/1995				
OCCUPATION	Software dev engineer				
CURRENT ADDRESS	13530 Linden Ave N, Apt				
	413, Seattle - 98133				
CELL NUMBER	5139819767				
ALTERNATIVE NUMBER (HOME)	9314100027				
WORK NUMBER (WITH					
EXTENSION)					
EMAIL ADDRESS	Akhilvolam27@gmail.com				
FIRST PORT OF ENTRY DATE	08/20/2021				
(MM/DD/YY)					
VISA STATUS ON 31 <sup>ST</sup> DEC 2022	F1 student visa				
ANY CHANGE IN VISA STATUS	No				
DURING THE YEAR 2022 (IF YES					
PLS. SPECIFY)					
MARITAL STATUS AS ON	Single				
DEC 31,2022					
DATE OF MARRIAGE (IF					
APPLICABLE)					
FILING STATUS	Single				
(SINGLE/MARRIED/HEAD OF					
HOUSEHOLD)					



NO. OF MONTHS STAYED IN US	12 months		
DURING 2022			
WILL YOU STAY IN US FOR MORE	Yes		
THAN 183 DAYS IN YEAR 2023 –			
(YES OR NO)			
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. 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	Fifth third bank			
BANK ROUTING NUMBER	<mark>0</mark> 42000314			
(PAPER OR ELECTRONIC)				
BANK ACCOUNT NUMBER	7980064021			
CHECKING / SAVING ACCOUNT	Checking			
ACCOUNT HOLDER NAME	Akhil Volam			

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#### **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	Washing ton Ohio	06/06/2022 01/01/2022	12/31/2022 06/05/2022	2022			
2021	Ohio	08/20/2021	12/31/2021	2021			
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 is necessary 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 file LLC. (Global Taxes team)
Email : <a href="mailto:shravani@gtaxfile.com">shravani@gtaxfile.com</a>