

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)	Rajasekhar rao	Karthika	Ameba		
MIDDLE NAME (PER SSN/ITIN)		1			
LAST NAME (PER SSN/	Kotari	Ravinuthala	Kotari		
SSN/ITIN NUMBER	309919276	343391252	167838904		
DATE OF BIRTH (MM/DD/ YY)	04/16/1984	09/27/1990	10/31/2020		
RELATIONSHIP WITH PRIMARY TAXPAYER		Spouse	Daughter		
OCCUPATION	IT				
CURRENT ADDRESS	775 Barn Swallow way, Mechanicsburg, PA-17055				
CELL NUMBER	7209982536				
ALTERNATIVE NUMBER (HOME)					
WORK NUMBER (WITH EXTENSION)					



EMAIL ADDRESS	raj.kotari@gmail.			
FIRST PORT OF ENTRY DATE (MM/DD/YY)	02/10/2014	10/19/2014		
VISA STATUS ON 31 ST DEC 2022	H1	H4-EAD	US Citizen	
ANY CHANGE IN VISA STATUS DURING THE YEAR 2022 (IF YES PLS. SPECIFY)	No	No	No	
MARITAL STATUS AS ON DEC 31,2022	Married	Married		
DATE OF MARRIAGE (IF APPLICABLE)	12/25/2013			
FILING STATUS (SINGLE/ MARRIED/HEAD OF HOUSEHOLD)	Married	1		
NO. OF MONTHS STAYED IN US DURING 2022	12	12		
WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2023 – (YES OR NO)	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 ORGANIZATION	ADDRESS WITH PHONE NUMBER	FEDERAL ID NUMBER (EIN / SSN) OF THE ORGANIZATION / PERSON WHO PROVIDED THE	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 WITHDRAWAL OF OWE AM	DEPOSIT OF REFUND AMOUNT/AUTO IOUNT(OPTIONAL)
BANK NAME	
BANK ROUTING NUMBER (PAPER OR ELECTRONIC)	
BANK ACCOUNT NUMBER	. 6
CHECKING / SAVING ACCOUNT	
ACCOUNT HOLDER NAME	

RESIDENCY DETAILS:

STATES RESIDENCY DETAILS STATES RESIDENCY DETAILS



		TA	XPAYER				SPOUSE	
YEAR	STATE	` '	FROM MM/DD/ YY)	TO (MM/DD/YY)	YEAR	STATE(S)	FROM (MM/DD/YY)	TO (MM/DD/YY)
2022					2022			
2021					2021			
2020					2020			
				Medic	al Expens	ses:		
Prescrip medicat		Health premi	insurance ums	Doctors, Dentists, etc.	Hospi	tals, s, etc.	Eyeglasses and contact lenses	Maternity expenses, if any
					C			
					axes Paid			
Real est	ate taxe	es	State and I		Other tax	es, If any		te taxes paid while taxes (TY2022).
				Home M	ortgage I	nterest		
Home minterest	paid in		Points, if any	Home mortga in INDIA – *Bo required	ge intere	est paid Mails pi	lortgage insurance remiums paid, if ny	Investment interest. Attach Form 4952
				Bank Name (Foreign)		ank Address oreign)	
Note: A	re you p	lanning	to purchase	any House Prope	erty in Ta	x Year 2023	3 In United States (Of America
Ologoo N	/lention	Yes Or	No	Yes		O 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										
2										
3										

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 Vehicle	Make & Model	Total miles driven in year 2022	One-way distance from Home to Office	Parking and toll	Purchase date					
Taxpayer											
Taxpayer			Z V								
Spouse											

Business Assets Or Environment Saving Assets purchased:

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

HEALTH INSURANCE:

Are you and your dependents covered under Health Coverage as per Federal laws???	
Mandatory	



If not so, please specify who are not covered and for how many months		
	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.	

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

Purchase Date	Description of Stock	Qty	Rate per	Total =Qty*Rate	Sale Date	Description of the	Qty	Rate	Total= Qty*Rate

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)				

ts to Income	
Taxpayer	Spouse
	Taxpayer

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

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