## TAX NOTES – TY 2023

## \*PLEASE DON’T FORGET TO FILL BANK ACCOUNT DETAILS AND ID’S.

**PERSONAL INFORMATION**

| **PARTICULARS** | **PRIMARY TAXPAYER** | **SPOUSE** | **DEPENDENT 1**  **(CHILD 1)** | **DEPENDENT 2**  **(CHILD 2)** | **DEPENDENT 3**  **(OTHER PERSON)** |
| --- | --- | --- | --- | --- | --- |
| FIRST NAME \* | **JITHENDER** | **PRANITHA** | **DHANUSH** | **ANJALI** |  |
| MIDDLE NAME\* |  |  |  |  |  |
| LAST NAME\* | **KOTHWAL** | **KOTHWAL** | **KOTHWAL** | **KOTHWAL** |  |
| SSN/ITIN NUMBER | **806-40-6797** | **978926656** |  |  |  |
| DATE OF BIRTH(M/D/Y) | **05/12/1977** | **08/18/1986** | **10/04/2009** | **08/06/2011** |  |
| RELATIONSHIP WITH PRIMARY TAXPAYER |  | **WIFE** | **SON** | **DAUGHTER** |  |
| OCCUPATION | **SOFTWARE CONSULTANT** |  |  |  |  |
| CURRENT ADDRESS | **3905 SW FEATHER ST, APT:26, BENTONVILLE, AR, USA** | **3905 SW FEATHER ST, APT:26, BENTONVILLE, AR, USA** | **3905 SW FEATHER ST, APT:26, BENTONVILLE, AR, USA** | **3905 SW FEATHER ST, APT:26, BENTONVILLE, AR, USA** |  |
| CELL NUMBER | **4697031248** | **4697031248** | **4697031248** | **4697031248** |  |
| ALTERNATE NUMBER | **-NA-** |  |  |  |  |
| EMAIL ADDRESS | [**JITTXS@GMAIL.COM**](mailto:Jittxs@gmail.com) | [**JITTXS@GMAIL.COM**](mailto:Jittxs@gmail.com) | [**JITTXS@GMAIL.COM**](mailto:Jittxs@gmail.com) | [**JITTXS@GMAIL.COM**](mailto:Jittxs@gmail.com) |  |
| FIRST PORT OF ENTRY  (M/D/Y) | **03/08/2008** | **03/08/2008** | **08/09/2019** | **08/09/2019** |  |
| VISA STATUS AS ON12/31/2021 | **H1 B** | **H4** | **H4** | **H4** |  |
| MARITAL STATUS AS ON 12/31/2021 | **MARRIED** | **MARRIED** | **-NA-** | **-NA-** |  |
| DATE OF MARRIAGE | 9TH FEB 2007 | 9TH FEB 2007 |  |  |  |
| FILING STATUS |  |  |  |  |  |
| NO OF MONTHS STAYED IS US IN 2023 | 12 MONTHS | 12 MONTHS | 12 MONTHS | 12 MONTHS |  |

\* PLEASE FILL THE ABOVE DETAILS AS PER YOUR SSN/ITIN

CHILD AND DEPENDENT CARE EXPENSES PROVIDER DETAILS

| **DEPENDENT NAME** | **NAME OF ORGANIZATION** | **ADDRESS WITH PHONE NUMBER** | **FEDERAL ID NUMBER** | **AMOUNT PAID** |
| --- | --- | --- | --- | --- |
| DHAHUSH KOTHWAL | ALLIED NATIONAL |  |  |  |
| ANJALI KOTHWAL | ALLIED NATIONAL |  |  |  |

PLEASE COMPLETE CHILDCARE EXPENSES SECTION ONLY IF BOTH TAXPAYER AND SPOUSE ARE WORKING.

| STATE RESIDENCY DETAILS | | | | STATE 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)** |
| **2021** | **ARKANSAS** | **08/14/2021** | **TILL DATE** | **2024** | **AR** | **08/14/2021** | **TILL DATE** |
| **2021** | **CALIFORNIA** | **01/01/2021** | **12/08/2021** | **2021** | **CA** | **01/01/2021** | **12/08/2021** |
| **2020** | **CALIFORNIA** | **02/05/2020** | **12/31/2020** | **2020** | **CA** | **02/05/2020** | **12/31/2020** |
| **2019** | **CALIFORNIA** | **01/01/2019** | **10/03/2019** | **2019** | **CA** | **08/09/2019** | **10/03/2019** |
| **2018** | **TEXAS** | **03/08/2018** | **10/29/2018** | **NA** | **-** |  |  |

HOME MORTGAGE INTEREST (HMI)

| **HOME MORTGAGE INTEREST PAID IN US- \*FORM 1098 MANDATORY** | **INDIAN HMI PAID**  **(BANK NAME & ADDRESS REQUIRED)** | **MORTGAGE INSURANCE PREMIUMS PAID, IF ANY** | **INVESTMENT INTEREST.**  **ATTACH FORM 4952** |
| --- | --- | --- | --- |
| NA | USD. 700 |  |  |
|  |  |  |  |

BANK ACCOUNT DETAILS

| **BANK DETAILS FOR DIRECT DEPOSIT OF REFUND AMOUNT/AUTO WITHDRAWAL OF OWE AMOUNT (OPTIONAL)** | |
| --- | --- |
| **BANK NAME** | BANK OF AMERICA |
| **ROUTING NUMBER** | 111000025 |
| **ACCOUNT NUMBER** | 488056697487 |
| **CHECKING/SAVING ACCOUNT** | CHECKING |
| **ACCOUNT HOLDER NAME** | JITHENDER KOTHWAL |

ID’S

| **DRIVING LICENSE/ STATE ISSUED PHOTO ID** | **TAXPAYER** | **SPOUSE** |
| --- | --- | --- |
| **NUMBER** | Y5916680 | NA |
| **ISSUED STATE** | ARKANSAS | NA |
| **ISSUED DATE** | 07/18/2022 | NA |
| **EXPIRATION DATE** | 04/24/2024 | NA |
| **TYPE OF ID (DRIVING LICENSE / STATE ISSUED ID)** | DRIVING LICENCE | NA |

OTHER DEDUCTIONS – ADJUSTMENTS TO INCOME

| **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 2021** |  |  |
| **STUDENT LOAN INTEREST DEDUCTION – PROVIDE FORM 1098E** | -NA- | -NA- |
| **TUITION & FEES FORM 1098-T** | -NA- | -NA- |

| FBAR / FATCA | **TAXPAYER**  **(YES/NO)** | **SPOUSE**  **(YES/NO)** |
| --- | --- | --- |
| **DID YOU TRANSFERRED MORE THAN $10,000 TO YOUR FOREIGN ACCOUNTS AT ANY TIME DURING THE TY2021** | -NA- | -NA- |
| **DID YOU HAVE ASSETS VALUING MORE THAN $50,000 IN FOREIGN ON YOUR NAME DURING THE TY2021** | -NA- | -NA- |

UPLOAD/EMAIL THE FOLLOWING DOCUMENTS ALONG WITH TAX NOTES

| W-2 | 1099INT ,1099DIV | 1099-B,1099R | 1042 S | 1099-G | 1099SSA,RRB |
| --- | --- | --- | --- | --- | --- |
| DISABILITY AND SICK PAY | WINNINGS FROM GAMBLING | PRIZES AND AWARDS | RENTAL INCOME | ALIMONY RECEIVED | HMI(INDIA) |

* IF YOU RECEIVED ANY OF THE FOLLOWING DOCUMENTS PLEASE MAIL US ALONG WITH TAX NOTES.

THANK YOU FOR COMPLETING THIS FORM AND PLEASE UPLOAD OR EMAIL OTHER INCOME RELATED STATEMENTS TO PREPARE YOUR TAXES ACCURATELY.

LOOKING FOR YOUR BUSINESS AND SUPPORT IN FORM OF REFERALS.