

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)	Vignesh	Anjali			
MIDDLE NAME (PER SSN/ITIN)		Sunil			
LAST NAME (PER SSN/	Narayanan	Kallikada			
SSN/ITIN NUMBER	042-25-4798	984-98-8059			
DATE OF BIRTH (MM/DD/ YY)	01/25/1993	02/24/1994			
RELATIONSHIP WITH PRIMARY TAXPAYER	Self	Dependent			
OCCUPATION	Principal Cybersecurity Analyst	Homemaker			
CURRENT ADDRESS	1071 Lake Carolyn Parkway Apt 4070 Irving Texas 75039	Same as primary			
CELL NUMBER	4697402656	3099895187			
ALTERNATIVE NUMBER (HOME)					
WORK NUMBER (WITH EXTENSION)					



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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 A	T DEPOSIT OF REFUND AMOUNT/AUTO MOUNT(OPTIONAL)
BANK NAME	
BANK ROUTING NUMBER (PAPER OR ELECTRONIC)	
BANK ACCOUNT NUMBER	
CHECKING / SAVING ACCOUNT	
ACCOUNT HOLDER NAME	

RESIDENCY DETAILS:

STATES RESIDENCY DETAILS	STATES RESIDENCY DETAILS
TAXPAYER	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			
				Med	lical Expen	ses:		
Prescrip medicat		Health premiu	insurance ims	Doctors, Dentists, etc.	Hosp	itals, s, etc.	Eyeglasses and contact lenses	Maternity expenses, if any
					Taxes Paid			
Real esta	ate taxe	es	State and property	local Personal taxes	Other tax			te taxes paid while taxes (TY2022).
				Home	Mortgage I	nterest		
Home m interest -*FORM	paid in		Points, it		gage intere	est paid M	ortgage insurance remiums paid, if ny	Investment interest. Attach Form 4952
				Bank Name	(Foreign)	Ва	ank Address	
						(F	oreign)	

Note: Are you planning to purchase any House Property in Tax Year 2023 In United States Of America							
Please Mention Yes Or No	Yes	No C					

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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								
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 you/your spouse resident of MA state, Covered by Massachusetts Health Insurance.	
Please provide From 1099-HC.	
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INVESTMENTS – SALE & PURCHASE OF STOCKS

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

Other Deductions – Adjustmen	nts to Income	
Particulars	Taxpayer	Spouse
Educator expenses – only for Teaching profession (\$ 250)		
Health savings account Contribution		
Penalty on early withdrawal of saving		
Contribution towards Traditional IRA for 2022		
Student loan interest deduction – Provide Form 1098 E		
Tuition & Fees Provide Form 1098-T		
Gambling Losses		

FOR FBAR/FATCA

Tax Payer(No	Spouse (No)
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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



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.**				
S. No	Friend(s) Name	Friends E-mail ID	Contact Number	
1				
2				
3				
4				
5				
6				