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Web:[www.vtaxfiling.com](https://www.vtaxfiling.com/)| Email:[support@vtaxfiling.com](mailto:support@vtaxfiling.com) |Phone:610-508-4455

**Tax Organizer – 2023**

WELCOME to V Tax Filing. We're looking forward to helping you handle all your tax needs more quickly and easily. You can now enjoy our ***9 Free Value Added Services*** with **Discounted Rates for your Tax Filing**.

***9 Free Value Added Services*** : Tax Planning,Tax Return Evaluation,IRS AUDIT Representation,ITIN Processing for your Spouse/Dependents,FBAR/FATCA Processing,extensionfiling,City or Local Tax Preparation &Filing,Managed Hosting Services,Back Taxes Owed.

**Discounted Rate Card For Your Tax Filing:**

|  |  |
| --- | --- |
| **Federal Tax Return (Form 1040)** | **$ 20.00** |
| **Non Resident Federal Tax Return (Form 1040NR)** | **$ 50.00** |
| **Each State Tax Return** | **$ 30.00** |
| **Schedule A (Itemized Deductions)** | **$ 100.00** |
| **Non Resident Spouse Election** | **$ 100.00** |
| **Schedule C/E/1099 Misc** | **$ 150.00** |
| **Stock Transactions- Per Page ( Schedule D )** | **$ 10.00** |
| **Other Tax Planning’s to reduce your Tax Liability** | **$ 30.00** |
| **Form 1040X Amendment($150 or 10% of your Additional Refund(Whichever is higher)** |  |
| **City/County Tax Return Filing** | **FREE** |
| **ITIN & FBAR/FATCA PROCESSING** | **FREE** |

**Refer &Earn :**

You can now save hundreds of dollars on your tax preparation bill by just recommending our services to your friends/colleagues/neighbours for filing their tax returns with V Tax Filing. We would be pleased to honour you a referral bonus of $10 on each paid referral.

***File Your Taxes In Just 4 Simple Steps!***



Please provide all required details which are applicable to you. This tax organizer helps us to analyze your current tax position and offer the most economic, efficient and effective tax saving solution.

We thank you for your interest in availing our services. We assure you the BEST of our services at all times.

Personal Details:

|  |  |  |
| --- | --- | --- |
| **PARTICULARS** | **TAXPAYER** | **SPOUSE** |
| FIRST NAME | SATISH | PAVANI |
| MIDDLE NAME |  |  |
| LAST NAME | BHUSARAPU | KUNAPUREDDY |
| SSN / ITIN | **SSN: 899-74-7780** | ITIN:971-99-7355  **SSN:664-60-5849**  (RECEIVED ON DEC 26 2023) |
| DATE OF BIRTH (MM/DD/YY) | 06/15/1988 | 07/16/1991 |
| OCCUPATION | SOFTWARE ENGINEER-H1B | HOMEMAKER-H4DEPENDENT |
| HOME NUMBER |  |  |
| CELL NUMBER | (408)-901-9522. | 901-677-4243 |
| EMAIL ID | SATISHPORTAL2@GMAIL.COM |  |
| CURRENT ADDRESS | 9301 N FAIRMONT CIR COLLIERVILLE 38017 |  |
| MARITAL STATUS AS ON DEC 31, 2023 (SINGLE OR MARRIED) | MARRIED |  |
| DATE OF MARRIAGE (MM/DD/YY) | 05/24/2019 |  |
| VISA TYPE AS ON DEC 31, 2023 | H1B | H4 |
| WAS THERE ANY CHANGE IN THE VISA STATUS DURING 2023? MENTION THE DATE & TYPE OF VISA: | NO | NO |

**NOTE:** PLEASE ENTER THE NAME EXACTLY AS IT APPEARS ON THE SSN/ITIN

**RESIDENCY DETAILS:**

|  |  |  |
| --- | --- | --- |
| **PARTICULARS** | **TAXPAYER** | **SPOUSE** |
| FIRST PORT OF ENTRY DATE INTO US (MM/DD/YY) | 12/30/2015 | 10/03/20191 |
| NO. OF MONTHS STAYED IN US DURING 2023 | 11 | 11 |
| WILL YOU STAY IN US FOR MORE THAN 6 MONTHS IN 2024?  (WRITE **YES** OR **NO**) | YES | YES |

# STATES RESIDED:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TAX YEAR** | **TAXPAYER** | | **SPOUSE** | |
| **STATES RESIDED** | **PERIOD OF STAY**  (FROM DATE & TO DATE)  (MM/DD/YY) | **STATES RESIDED** | **PERIOD OF STAY**  (FROM DATE & TO DATE)  (MM/DD/YY) |
| **2023** | **INDIA, TN** | **JAN 23RD 2023 -FEB 25TH 2023 REMAINING ALL DAY TN ONLY** | **INDIA,TN** | **JAN 23RD 2023 -FEB 25TH 2023 REMAINING ALL DAY TN ONLY** |
| **2022** | **TN** | **ALL 12 MONTHS** | **TN** | **ALL 12 MONTHS** |
| **2021** | **TN** | **ALL 12 MONTHS** | **INDIA, TN** | **APRIL 1ST 2021-MAY27TH 2021 & OCT 19TH 2021 – NOV 21ST2021 , REMAINING ALL DAYS IN TENNESSEE ONLY** |

**NOTE:** PLEASE ENTER THE DETAILS FOR ALL THREE YEARS. IT HELPS US IN DETERMINING YOUR RESIDENTIAL STATUS.

# IF YOU ARE A RESIDENT OF CA,IN,MA,MN,NJ OR WI STATE, PLEASE FILL THE BELOW:

|  |  |  |
| --- | --- | --- |
| **STATE** | **RENT PER MONTH** | **NUMBER OF MONTHS STAYED** |
|  |  |  |

**HEALTH COVERAGE:**

|  |  |
| --- | --- |
| ARE **YOU AND YOUR FAMILY MEMBERS** COVERED UNDER **HEALTH COVERAGE?** MANDATORY **YES/NO**  IF YOU AND YOUR FAMILY MEMBERS COVERED UNDER HEALTH INSURANCE, WHICH IS PURCHASED FROM **MARKET PLACE,** THEN PLEASE PROVIDE **FORM 1095A (MANDATORY)**  **NOTE :**YOUR INSURANCE PROVIDER WILL ISSUE THIS FORM 1095A. | **YES. MY COMPANY IS GIVING CIGNA INSURANCE AND I PAY SOME AMOUNT AND I DON’T SEE ANY DOCUMENT 1095A IN MY INSURANCE ACCOUNT** |
| NOTE - IF YOU ARE A RESIDENT OF MA STATE AND HAVING HEALTH INSURANCE, PLEASE PROVIDE FORM MA 1099-HC |  |

**NOTE:** DURING TAX YEAR 2023 –IF YOU HAVE RESIDED IN **CA/NJ/RI/DC** STATE, IT IS MANDATORY TO HAVE A HEALTH INSURANCE TO AVOID PENALTY IN THE STATE TAX RETURNS.

# DEPENDENT DETAILS:

|  |  |  |
| --- | --- | --- |
| **PARTICULARS** | **DEPENDENT 1** | **DEPENDENT 2** |
| FIRST NAME | SRI AARNA |  |
| MIDDLE NAME |  |  |
| LAST NAME | BHUSARAPU |  |
| SSN / ITIN | **360-57-3986** |  |
| DATE OF BIRTH (MM/DD/YY) | 08/16/2023 |  |
| RELATIONSHIP (SON/DAUGHTER/PARENTS ETC) | DAUGHTER |  |
| VISA TYPE | US CITIZEN |  |
| First Port of Entry Date into US (mm/dd/yy) | NA |  |
| No. Of months stayed in US during 2023 | All days after born |  |
| Will stay in US for more than 6 months in 2024?  (Write **Yes** or **No**) | Yes |  |

**Note:** Please enter the name exactly as it appears on the SSN/ITIN. Add columns for more dependents.

# Child & Dependent Care Expenses:

Enter the below details only if Spouse is working or Full time student or Disabled. (Enter the expenses incurred for day care / preschool / nursery)

|  |  |
| --- | --- |
| A. Name of the Dependent for whom these expenses were incurred |  |
| B. Name and address of the Care provider (Institution/Person) |  |
| C. **Federal ID/SSN** of the Care provider (Institution/Person) is Mandatory. |  |
| D. Amount of Expenditure Incurred |  |
| E. Amount reimbursed by the Employer, if any |  |

**Note:** Add the same table for each dependent/Care provider and provide the incurred expenses during Tax Year 2023.

# Bank Details:(For Direct Deposit of Refund / Auto Withdrawal of Owe Amount)

|  |  |
| --- | --- |
| Bank Name | **Bank Of America** |
| Routing Number (Electronic) | **121000358** |
| Account Number | **325069261248** |
| Account Type (Savings/Checking) | **Checking** |
| Account Owner Name | **Satish Bhusarapu** |

# Employment Details:

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Taxpayer** | **Spouse** |
| Name of the Employer | Alsacstjude Children hospital |  |
| Employer Location (City, State) | 501 St jude Pl Memphis TN-38105 |  |
| Employment Start Date | May 6th 2019 |  |
| Employment End Date | Still Working As a full-time employee |  |

**Note:** Add the same table for each employer you have worked during Tax Year (TY) 2023.

**Personal Expenses:**

|  |  |  |
| --- | --- | --- |
| **Expense Type** | **Taxpayer**  **$ Amount** | **Spouse**  **$ Amount** |
| A) Medical Expenses (Read Note Below) | Mother in law expenses for maternity purpose  Visa – $160  Flight –$2431  Health insurance -520.48  Total - $3111.48 | Wife Medical expenses - $1480  Daughter medical expenses - $450 |
| B) Property Taxes paid in USA | 3620.47 |  |
| C) Previous year State and local Income Tax Dues Paid (Provide 2022 Tax Return) |  |  |
| D) Amount of **Home Mortgage Interest** paid in USA/Foreign, Bank Name & Address  (only Interest Amount not Principal and Provide Supporting Document 1098 if paid in USA or any other if paid in foreign) | 10798.32 |  |
| G) **Charitable contributions** made and Miles driven to visit the charitable institution. |  |  |
| H) Name and Cost of Energy Saving Equipment Purchased (E.g. Solar Water Heater, Boiler, Skylights, Electric Heat Pump, Natural Gas Propane, Metal Roofing, Wooden Furnace, etc.) |  |  |

**Note:** If you are married and spouse was due for maternity during 2023, recollect if there was any trip made by your parents or in-laws or (or other relative) for maternity purposes. If **Yes** - Please fill the Visa Processing Fees, Round Trip Airfare Fees and Visitor Medical Insurance incurred for only **ONE Person** who assisted in your Spouse maternity. You may also claim this person as Dependent on your tax return if her stay in US was more than 6 months during 2023 and apply for her ITIN if she did not have a valid SSN.

**HSA / IRA Contributions:**

|  |  |  |
| --- | --- | --- |
| **Expense Type** | **Taxpayer**  **$ Amount** | **Spouse**  **$ Amount** |
| A) Contributions to HSA (Health Savings Account) - Provide Supporting Document |  |  |
| B) Contributions to Traditional IRA (Individual Retirement Account) – (This is not 401K or Roth IRA) Provide Supporting Document |  |  |

**Education Expenses:**

|  |  |  |
| --- | --- | --- |
| **Expense Type** | **Taxpayer**  **$ Amount** | **Spouse**  **$ Amount** |
| C) Student Loan Interest Paid in US - Provide Form 1098-E |  |  |
| D) Tuition Fees Paid in US - Provide Form 1098-T |  |  |

# Sale & Purchase of Stocks or Crypto (isos, espps, Securities& Crypto Currencies)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purchase Details** | | | | | **Sale Details** | | | | |
| Date Purchased | Stock Description | Quantity | Rate per Unit | Total = Qty \* Rate | Date Sold | Stock Description | Quantity | Rate per Unit | Total = Qty \* Rate |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

# Interest Income received from USA bank accounts (If any): Upload Form 1099 INT

|  |  |  |
| --- | --- | --- |
| **Bank Name** | **Interest Income Received** | **Taxes Withheld** |
|  |  |  |
|  |  |  |

# Rental Income (If Any in INDIA, USA or any Foreign Country):

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Details** | |
| 1. Property Type? (Residential/Commercial) |  | |
| 1. Location/Address |  | |
| 1. Specify the following: 2. No. Of months rented in year 2023 3. No. Of months **you** used for personal purpose |  | |
| 1. Property is owned by (Taxpayer/Spouse/Joint) |  | |
| 1. Purchase Date of the Property (mm/dd/yy) |  | |
| 1. Cost of the property (Excluding Land Value) |  | |
| 1. Rental Income received (Per Month &No.of Months) |  |  |
| 1. Rental Expenses incurred to earn Rent (Repairs, Maintenance, Loan Interest, Taxes etc.,) |  | |
| 1. Foreign Taxes Paid on Rental Income |  | |

**Note:** Add another table for each Property you have during Tax Year (TY) 2023.

# Foreign Income & Expenses (If Any):

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Salary Income** | **Dividend Income** | **Interest Income** |
| 1. Amount of Foreign Income |  |  |  |
| 1. Foreign Taxes (if any) Paid/withheld |  |  |  |

# FBAR/FATCA:

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Taxpayer (Yes/No)** | **Spouse (Yes/No)** |
| Did you have more than $10,000 in your Foreign Accounts at any time during the Tax Year 2023? |  |  |
| Did you have more than $50,000 (Single) or $1,00,000 (Married) in your Foreign Accounts at any time during the Tax Year 2023? |  |  |

**Note: If** the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded **$10,000** at any time during the tax year 2023 you have to file FBAR and if it exceeds $50000(Single) or $1,00,000 (Married) you have to file **FATCA**.

# Please Upload or Email the Following Tax Documents if you have any:

|  |
| --- |
| Form W2 / W2C (Mandatory) |
| Last Year Federal & State Tax Return (mandatory) |
| All 1099 Documents like 1099 Int, 1099 Div, 1099B, 1099Misc, 1099G,1099R |
| Foreign Tax Certificate (If you have any foreign Income) |
| Form 1095-A/1095-B/1095-C (Health Coverage) |

# NOTES TO TAX CONSULTANT: If you want to mention any other points which are not described above, please mention here:

|  |
| --- |
|  |
|  |
|  |
|  |

# Refer Your Friends/Colleagues:

We request you to kindly refer any of your friends/colleagues/relatives and. We would be pleased to honor you with a Referral Bonus @ $10 per referral. Please enter their Names & Contact Details below.

|  |  |  |
| --- | --- | --- |
| **Name of your Friend/Colleague** | **Email Id** | **Contact Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Dear Taxpayer -

Once again thank you very much for investing your time in filling this tax document. We will estimate your tax returns and share you the draft copy of your tax returns for your review in next 24 hours. Appreciate your patience until such time.

V taxfiling Team

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