**CLIENT TAX NOTES – TY2023**

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 chandana@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 TY2023.

**3rd Stimulus:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACTC | July | Aug | Sep | Oct | Nov | Dec |
|   |   |   |   |   |   |   |

**PERSONALINFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Primary Taxpayer** | **Spouse** | **Dependent 1 (Child-1)** | **Dependent 2****(Child-2)** | **Dependent 3****(Other dependent person)** |
| **FIRST NAME (PER SSN/ITIN)** | **Abhijeet**  | **Sonali Vithaldas** |  |  |  |
| **MIDDLE NAME (PER SSN/ITIN)** |  |  |  |  |  |
| **LAST NAME (PER SSN/ITIN)** | **Shinde** | **Shenoy** |  |  |  |
| **SSN/ITIN NUMBER** | **137-45-2071** | **676-81-3868** |  |  |  |
| **DATE OF BIRTH (MM/DD/YY)** | **09/19/90** | **09/12/94** |  |  |  |
| **RELATIONSHIP WITH PRIMARY TAXPAYER** | **Self** | **Spouse** |  |  |  |
| **OCCUPATION** | **Employed** | **Employed** |  |  |  |
| **CURRENT ADDRESS** | **3700 Beacon Ave****Apt 202****Fremont CA 94538** | **3700 Beacon Ave****Apt 202****Fremont CA 94538** |  |  |  |
| **CELL NUMBER** | **979-985-8360** | **909-602-7365** |  |  |  |
| **ALTERNATIVE NUMBER (HOME)** |  |  |  |  |  |
| **WORK NUMBER (WITH EXTENSION)** |  |  |  |  |  |
| **EMAIL ADDRESS** | **abhijeetshinde27@gmail.com** | **shenoysonali98@gmail.com** |  |  |  |
| **FIRST PORT OF ENTRY DATE (MM/DD/YY)** | **08/11/2016** | **09/13/2019** |  |  |  |
| **VISA STATUS ON 31ST DEC 2023** | **H1B** | **F-1** |  |  |  |
| **ANY CHANGE IN VISA STATUS DURING THE YEAR 2023 (IF YES PLS. SPECIFY)** | **N/A** | **N/A** |  |  |  |
| **MARITAL STATUS AS ON** **DEC 31,2023** | **Married** | **Married** |  |  |  |
| **DATE OF MARRIAGE (IF APPLICABLE)** |  |  |  |  |  |
| **FILING STATUS (SINGLE/MARRIED/HEAD OF HOUSEHOLD)** | **Married** | **Married** |  |  |  |
| **NO. OF MONTHS STAYED IN US DURING 2023** | **12** | **12** |  |  |  |
| **WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2024 – (YES OR NO)** | **NO** | **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)-480-1883 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 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 | Wells Fargo |
| BANK ROUTING NUMBER (PAPER OR ELECTRONIC) | 111900659 |
| BANK ACCOUNT NUMBER | 6614987128 |
| CHECKING / SAVING ACCOUNT | Checking |
| ACCOUNT HOLDER NAME | Abhijeet Shinde |

**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)** |
| **2023** | CATX | 05/01/2301/01/23 | 12/31/2304/30/23 | **2023** | CATX | 05/01/2301/01/23 | 12/31/2304/30/23 |
| **2022** | TXWA | 04/12/2201/01/22 | 12/31/2203/24/22 | **2022** | TXWA | 04/12/2201/01/22 | 12/31/2203/24/22 |
| **2021** | WACA | 02/22/2101/01/21 | 12/31/2102/21/21 | **2021** | WACA | 02/22/2101/01/21 | 12/31/2102/21/21 |

**Home Mortgage Interest**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home mortgage interest paid in US -\*FORM 1098Mandatory** | **Points, if any** | **Home mortgage interest paid in INDIA – \*Below details required** | **Mortgage insurance premiums paid, if any** | **Investment interest. Attach Form 4952** |
| NA |  |  |  |  |
|  |  |  |  |  |
|  |  | **Bank Name (Foreign)** | **Bank Address (Foreign)** |  |
|  |  |  |  |  |

**Note**: Are you planning to purchase any House Property in Tax Year 2024 In United States Of America

Please Mention Yes Or No Yes 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** |