

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 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 TY2023.

PERSONAL INFORMATION

Particulars	Primary Taxpayer		
FIRST NAME (PER	Srinitha		
SSN/ITIN)			
MIDDLE NAME (PER			
SSN/ITIN)			
LAST NAME (PER	Pasikanti		
SSN/ITIN)			
SSN/ITIN NUMBER	834-55-4336		
DATE OF BIRTH	10/14/1998		
(MM/DD/YY)			
RELATIONSHIP WITH)	
PRIMARY TAXPAYER			
OCCUPATION	Graduate Student		
CURRENT ADDRESS	1672 Ginkgo ct, Apt		
	268,Kent,OH-44240		
CELL NUMBER	857-230-4884		
ALTERNATIVE NUMBER			
(HOME)			
WORK NUMBER (WITH			
EXTENSION)			
EMAIL ADDRESS	srinitha.p14@gmail.com		
FIRST PORT OF ENTRY	09/09/2022		
DATE (MM/DD/YY)			
VISA STATUS ON 31 ST DEC	F1		
2023			
ANY CHANGE IN VISA	NO		
STATUS DURING THE YEAR			
2023 (IF YES PLS. SPECIFY)			
MARITAL STATUS AS ON	SINGLE		
DEC 31,2023			



DATE OF MARRIAGE (IF	-		
APPLICABLE)			
FILING STATUS	SINGLE		
(SINGLE/MARRIED/HEAD			
OF HOUSEHOLD)			
NO. OF MONTHS STAYED	11		
IN US DURING 2023			
WILL YOU STAY IN US FOR	YES		
MORE THAN 183 DAYS IN			
YEAR 2024 – (YES OR 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 PNC					
BANK ROUTING 041000124					
NUMBER					
(PAPER OR ELECTRONIC)					
BANK ACCOUNT	4173684445				
NUMBER					



CHECKING / SAVING	CHECKING
ACCOUNT	
ACCOUNT HOLDER	SRINITHA PASIKANTI
NAME	

RESIDENCY DETAILS:

	STATES RESIDENCY DETAILS							
	TAXPAYER							
YEAR	STATE(S)	FROM (MM/DD/YY)	TO (MM/DD/YY)					
2024	ОН	01/27/2024	PRESENT					
2023	ОН	01/27/2023	12/31/2023					
2023	MA	01/01/2023	01/26/2023					
2022	MA	09/09/2022	12/31/2022					

Medical Expenses:

Prescription		Doctors,	Hospitals,	, 0	Maternity
medications	premiums	Dentists, etc.	clinics, etc.	contact lenses	expenses, if
					any

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GL	UDAI	_ IAA					
				Taxes Paid:			
Real estate taxes State and log Personal pro		ocal roperty taxes	Other taxes, If any		Additional Sta while filing las (TY2022).	·	
			Home	Mortgage Interes	<u>t</u>		
Home mortgag interest paid in -*FORM 1098Mandator	US	Points, if any	Home mort	rtgage interest Mortgage DIA – *Below insurance		ance	Investment interest. Attach Form 4952
	,						
			Bank Name	(Foreign)	Bank (Fore	Address	
				(Foreign)			
Note: Are yo	u plannir	ng to purchas	se any House F	Property in Tax Yea	r 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								

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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 2023	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 2023	Cost	Purchase date	Receipt Available or not

HEALTH INSURANCE:

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

INVESTMENTS – SALE & PURCHASE OF STOCKS

Purchas e Date	Descriptio n of Stock	Qty	Rate per Unit	Total =Qty*Rat e	Sale Date	Descriptio n of the Stock	Qty	Rate per Unit	Total= Qty*Rat e



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 – Adjustments 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 2023				
Student loan interest deduction – Provide Form 1098 E				
Tuition & Fees Provide Form 1098-T				
Gambling Losses				

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 2023		
Did you have more than \$50,000 in your Foreign Accounts at any time		
during the		
Tax Year 2023		

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 2023. 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 2023.



UPLOAD /EMAIL THE FOLLOWING DOCUMENTS ALONG WITH THE THIS TAX ORGANISER

UPLOAD / EIVIAIL THE FOLLOWING DOCUMENTS ALONG	WITH THE THIS TAX ORGANISE
Duly Filled TY-2023 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 2023)	
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 01 st Jan To 31 st 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)	





Write to us at: INFO@gtaxfile.com or call us at (470)-480-1881, (470) 480-1882