**CLIENT TAX NOTES – TY 2022**

Dear Tax Payer,

Greetings!

Please fill the below tax organizer and upload in your login.

PERSONAL INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **Primary taxpayer** | **Spouse** | **Dependent 1** | **Dependent 2** |
| First Name \* | **Sachin**  | **Shital**  | **Atharva** | **Tanvi** |
| Middle Name\* | **Vasantrao** | **Sachin**  | **Sachin** | **Sachin** |
| Last Name\* | **Patil** | **Patil** | **Patil** | **Patil** |
| SSN/ITIN Number | **533576690** | **536594746** | **535654585** | **211472815** |
| Date of birth(M/D/Y) | **12/25/1976** | **07/21/1982** | **10/04/2008** | **03/17/2015** |
| Relationship with primary taxpayer | **Primary** | **Spouse** | **Son** | **Daughter** |
| Occupation | **Engineer** | **Substitute Assistant Teacher**  | **Student** | **Student** |
| Current address | **242 152nd PL SE Bellevue 98007** | **Same**  | **Same** | **same** |
| Cell number | **4254439913** | **4256382248** |  |  |
| Alternate number |  |  |  |  |
| Email address | **Sachin13p@gmail.com** | **Patilss13@gmail.com** |  |  |
| First port of entry(M/D/Y) | **June 11,2005** |  |  |  |
| Visa status as on12/31/2022 | **Green Card** | **Green Card** | **US citizen** | **US citizen** |
| Marital status as on 12/31/2022 | **Married** | **Married** |  |  |
| Date of marriage | 05/29/2005 | 06/13/2006 |  |  |
| Filing status | Jointly |  |  |  |
| No of months stayed is us in 2022 | 12 | 12 | 12 | 12 |

\* Please fill the above details as per your SSN/ITIN

**\*NOTE – if you do not have an SSN for your spouse/dependents, we can apply for ITIN.**

Child and Dependent Care Expenses Provider Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dependant name** | **Name of Organization** | **Address with phone number** | **Federal id number** | **Amount paid** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Dependents under age 24 with income from interest, dividends, sale of stocks greater than $950 need to file a return.
2. 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)** |
| **2023** | **WA** |  |  | **2023** | **WA** |  |  |
| **2021** |  |  |  | **2021** |  |  |  |
| **2020** |  |  |  | **2020** |  |  |  |

MEDICAL EXPENSES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prescription medications.** | **Health insurance premiums.** | **Doctors , dentists etc.** | **Hospitals, clinics.** | **Eyeglasses and contact lenses.** | **Maternity expenses.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

TAXES PAID

|  |  |  |  |
| --- | --- | --- | --- |
| **Real estate taxes** | **State and personal property taxes** | **Other taxes if any** | **Additional state taxes paid while filing last year taxes (TY 2018)** |
|  |  |  |  |

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** |
|  |  |  |  |
|  |  |  |  |

BANK ACCOUNT DETAILS

|  |
| --- |
| **Bank details for direct deposit of refund amount/auto withdrawal of owe amount (optional)** |
| **Bank name** | Bank of America  |
| **Routing number** | 125000024 |
| **Account number** | 78593472 |
| **Checking/saving account** | Checking |
| **Account holder name** | Sachin V Patil |

CHARITY CONTRIBUTIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Charitable Institution** | **Donation($)** | **Property donated** | **FMV of property donated** | **Trips driven(miles)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* Receipts are mandatory if CASH CONTRIBUTION is more than $250.
* Receipts are mandatory if NON CASH CONTRIBUTION is more than $500.

HEALTH INSURANCE

Health insurance is mandatory if you and your dependents are covered under HEALTH COVERAGE as per federal laws.

* If not so, please specify who are not covered and for how many months.
* If you/your spouse are a resident of MA State, covered by MA Health Insurance, please provide FORM 1099-HC.

INVESTMENTS – SALE &PURCHASE OF STOCKS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purchase date** | **STOCK** | **Qty** | **Rate per unit** | **TOTAL (Qty\*Rate)** | **Sale date** | **STOCK** | **Qty** | **Rate per unit** | **TOTAL (Qty\*Rate)** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

FOREIGN INCOME AND EXPENSES (IF ANY)

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Salary income** | **Rental Income** | **Interest Income** |
| **Amount** |  |  |  |
| **Tax Withheld** |  |  |  |

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 2020** |  |  |
| **Student loan interest deduction – provide FORM 1098E** |  |  |
| **Tuition & Fees FORM 1098-T** |  |  |

FBAR / FATCA

|  |  |  |
| --- | --- | --- |
|  | **Taxpayer****(Yes/No)** | **Spouse****(Yes/No)** |
| **Did you transferred more than $10,000 to your foreign accounts at any time during the TY2023** | NO | NO |
| **Did you have assets valuing more than $50,000 in foreign on your name during the TY2023** | Yes |  |

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.

**Foreign Income and Expenses (IF Any)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **Salary income** | **Rental Income** | **Interest Income** | **Others (If any)** |
| 1. **Amount of Foreign Income**
 | **NA** | **900** |  |  |
| 1. **Foreign Taxes Withheld (like Form-16/16A)**
 |  |  |  |  |

REFERRAL SCHEME (REFER AND EARN)

|  |
| --- |
| **Refer your friends or colleagues to get referral bonus @10$.**  |
| FRIEND/COLLEAGUE NAME | E-MAIL ID | CONTACT NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Thank you for completing this form and please upload or email your w2 and other income related statements to prepare your taxes accurately looking for your business and support.