



## 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](mailto: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.

### PERSONAL INFORMATION

Particulars	Primary Taxpayer	Spouse	Dependent 1 (Child-1)	Dependent 2 (Child-2)	Dependent 3 (Other dependent person)
FIRST NAME (PER SSN/ITIN)					
MIDDLE NAME (PER SSN/ITIN)					
LAST NAME (PER SSN/ITIN)					
SSN/ITIN NUMBER					
DATE OF BIRTH (MM/DD/YY)					
RELATIONSHIP WITH PRIMARY TAXPAYER					
OCCUPATION					
CURRENT ADDRESS					
CELL NUMBER					
ALTERNATIVE NUMBER (HOME)					
WORK NUMBER (WITH EXTENSION)					
EMAIL ADDRESS					
FIRST PORT OF ENTRY DATE (MM/DD/YY)					
VISA STATUS ON 31 <sup>ST</sup> DEC 2022					
ANY CHANGE IN VISA STATUS DURING THE YEAR 2022 (IF YES PLS. SPECIFY)					
MARITAL STATUS AS ON DEC 31,2022					
DATE OF MARRIAGE (IF APPLICABLE)					
FILING STATUS (SINGLE/MARRIED/HEAD OF HOUSEHOLD)					



# GLOBAL TAX

NO. OF MONTHS STAYED IN US DURING 2022					
WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2023 – (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](mailto: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	
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(S)	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			

Medical Expenses:

Prescription medications	Health insurance premiums	Doctors, Dentists, etc.	Hospitals, clinics, etc.	Eyeglasses and contact lenses	Maternity expenses, if any

Taxes Paid:

Real estate taxes	State and local Personal property taxes	Other taxes, if any	Additional State taxes paid while filing last year taxes (TY2022).

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
		<b>Bank Name (Foreign)</b>	<b>Bank Address (Foreign)</b>	

**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



### 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**

### Vehicle Information

	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.	

### INVESTMENTS – SALE &PURCHASE OF STOCKS

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



# GLOBAL TAX

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 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)
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.



# GLOBAL TAX

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

Duly Filled TY-2022 Tax Organizer	
<b>W-2's:</b> Wages/salaries from All employers – Upload Documents	
<b>1099-INT &amp;1099-DIV:</b> Interest & Dividends for All Accounts	
<b>1099-B:</b> Sales of Securities, Mutual Funds, etc.	
<b>Year-End:</b> Investment statements, Mutual Fund supplemental information	
<b>1099-R:</b> Income from Pension, IRAs and Annuities	
<b>1099-G:</b> Unemployment Compensation/state income tax refund	
<b>K-1:</b> Partnerships,Trusts,Estates and S-Corporations	
<b>Last Paystubs</b> of the year from ALL Employers	
<b>1099-SSA/ 1099-RRB:</b> Social Security and Railroad Retirement benefits	
<b>Scholarships, Fellowships and Grants Form 1042 S</b>	
<b>Foreign Tax certificate ( if you made any income from foreign country during 2022)</b>	
<b>Disability and Sick Pay</b>	
<b>Gambling Winnings</b> <b>Form W-2G – Income from Gambling</b>	
<b>Prizes and Awards</b>	
<b>Rental Income (if any) INDIA or USA</b>	
<b>Alimony Received (if any)</b>	
<b>Home Mortgage Statement (India) (From 01st Jan To 31st Dec)</b>	
<b>Education Loan Interest Certificate (India) (From 01<sup>st</sup> Jan To 31<sup>st</sup> Dec)</b>	
<b>Form-1099HC-(Details Required From Tax Payer who is residing in MA)</b>	
<b>For New ITIN Or Renewal ITIN (Passport and VISA First and Last page is required)</b>	

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			