

GLOBAL TAXES LLC CLIENT TAX NOTES – TY 2017

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 TY 2017.

Simple 5 Steps to file your taxes with IRS.

Step 1: Fill this Tax Notes form and upload it in your login or email it to us

Step 2: upload all income related documents like W2, 1099 INT, DIV, MISC, 1099 B, Etc...

Step 3: we will prepare your tax return estimation and send you the documents for your review

Step 4: once you review your documents, you have to pay our service charges.

Step 5: Give confirmation to file your taxes.

PERSONAL INFORMATION

Particulars	Primary Taxpayer	Spouse	Dependent 1 (Child1)	Dependent 2	Dependent 3 (Other
			(=====	(Child -2)	dependent person)
First Name (per SSN/ITIN)	Soutik	Enakshi	Snithik		
Middle Name (per SSN/ITIN)					
Last Name (per SSN/ITIN)	Das	Chatterjee	Das		
SSN/ITIN Number	844-14-4021	928-99-7407	687-38-5767		
Date of Birth (MM/DD/YY)	12/21/1984	11/08/1985	04/01/2014		
Relationship with Primary Taxpayer	Self	Spouse	Child		
Occupation	Service	Homemaker			
Current Address	20568 Ventura Blvd Apt 223, Woodland Hills, CA-91364	20568 Ventura Blvd Apt 223, Woodland Hills, CA-91364	20568 Ventura Blvd Apt 223, Woodland Hills, CA-91364		
Cell Number	5022917008	5022435815			



Alternative Number (Home)				
Work Number (with Extension)	818-234-8419			
Email address	soutikdas84@gm ail.com	enakshi1985 @gmail.com		
First port of entry Date (MM/DD/YY)	05/25/2012	05/25/2012		
Visa status on 31 st Dec 2017	H1B	H4	US Citizen	
Any change in visa status during the year 2017 (if yes pls. specify)	None	None	None	
Marital status as on Dec 31,2017	Married	Married	Single	
Date of Marriage (if applicable)	12/08/2010	12/08/2010		
Filing Status (Single/Married/Head of Household)	Married Jointly	Married Jointly		
No.of months stayed in US during 2017	340	340	340	
Will you stay in US for more than 183 days in year 2018 – (Yes or No)	Yes	Yes	Yes	
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 (415)-373-1661 or write to itin@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.



<u>NOTE</u>: 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 Child Care 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:

		·•·		1			
States Residency Details Taxpayer				States Residency Details			
					Spouse		
Year	State(s)	From (MM/DD/YY	To (MM/DD/YY)	Year	State(s)	From (MM/DD/YY)	To (MM/DD/YY)
2017	CA	01/01/2017	12/31/2017	2017	CA	01/01/2017	12/31/2017
2016	CA	03/02/2016	12/31/2017	2016	CA	03/02/2016	12/31/2017
	FL	01/01/2016	03/02/2016		FL	01/01/2016	03/02/2016
2015	FL	03/31/2015	12/31/2015	2015	FL	03/31/2015	12/31/2015
	KY	01/01/2015	03/30/2015		KY	01/01/2015	03/30/2015



	Employment Details						
	Employer Name & Address (State & City)	Designation	Employment Start Date (MM/DD/YY)	Employmen t End Date (MM/DD/YY)	Visa Status	Worked at Employer Location (EL) or Client Location (CL)	
Taxpayer	Cognizant Technology Solutions	Sr Associate	03/02/2016	Till Date	H1B	CL	
Taxpayer							
Spouse							
Spouse							

If you/your spouse worked/are working at Client Location, Please fill this table:

	Taxpayer Project 1	Project 2	Project 3	Spouse Project 1	Project 2
Client Name	Anthem Inc				
Client Project Location (City & State)	Woodland Hills, CA				
Project Start date (MM/DD/YY)	03/02/2016				
Project End date/ expected date (MM/DD/YY)	07/29/2019				



Mode of commuting (Bus, train, rental or own car, others)	Own Car		
Monthly Bus, Train, Cab Fare, Car Rent if leased vehicle is used			
Daily Project Miles on Vehicle (one way) using own car	3		
Monthly Rent / Stay Expenses			
Daily Meals Expenses while on Client Projects	12		
One way distance between your employer location & client location	35		
One way distance between your Home location & client location	3		

Note: Project start date and End date should be as per your deputation letter/Transfer memorandum/Email correspondence given by your employer while deputing you on the specific project.

MOVING EXPENSES

(Eligible expenditure: Airfare+Tranfortation charges+ Onward meals and tips temporary lodging and Boarding to the extent not reimbursed by your Employer)

Description of the relocation	Distance	Expenditure
a)Have you moved from Employer location to Client Location during the TY-2017		
b)Have you moved from one client location to another Client location during the TY-2017		
c)Have you moved from one Employer to another Employer Location during the TY-2017		

<u>ITEMIZED DEDUCTIONS</u> – <u>Schedule A</u>

Medical Expenses:

Prescription medications	Health insurance premiums	Doctors, Dentists, etc.	Hospitals, clinics, etc.	Eyeglasses and contact lenses	Maternity expenses, if any
	230 per month			\$175	

Taxes Paid:



Real estate taxes	State and local Personal property taxes	Other taxes, If any	Additional State taxes paid while filing last year taxes (TY2017).

Home Mortgage Interest

Home mortgage interest paid in US - * FORM 1098 Mandatory	Points, if any	Home mortgage interest paid in INDIA – *Below details required	Mortgage insurance premiums paid, if any	Investment interest. Attach Form 4952
		INR 74330		
		Bank Name (Foreign)	Bank Address (Foreign)	
		State Bank of India		

		CHARITY C	ONTRIBUTIONS	<u>S</u>	
S.n o	Charitable Institution Name	Donated Amount	Property Donated	FMV of Property	No. of trips driven and one way distance
				Donated	, , , , , , , , , , , , , , , ,
1	Goodwill	460			4 trips + 5 miles
2					
3					

Note: 1) Cash Contribution more than \$ 250 receipts are Mandatory 2) Non - Cash Contribution more than \$ 500 receipts are Mandatory

			<u>Vehicle Info</u>	<u>rmation</u>		
	Name of the Vehicle	Make & Model	Total miles driven in year 2017	One-way distance from Home to Office	Parking and toll	Purchase date
Taxpayer	Camry	Toyota CAmry SE	8300	3		03/12/2015
Taxpayer						
Spouse						

Business Assets purchased:

Name of the Asset	Cost	Purchase date	Receipt Available or not
Purchased in 2017			



Laptop			
Cell Phone	\$765.41	10/28/2017	Yes

Other Miscell	aneous Unre	imbursed J	ob related Expenses (Client I	<u>.ocation)</u>	
Particulars	Taxpayer	Spouse	Particulars	Taxpayer	Spouse
Union and Professional Dues			Last Year Tax Preparation Fees paid	\$35	
Internet Charges per month	\$49		Job Hunting Expenses		
Cell Phone Charges per month	\$40	\$40	Safe Deposit Box Rental		
Employment Visa Processing Fees			Cost of Energy Saving Equipment		
Professional Books and Supplies and Magazines	\$30		Casualty or theft loss(es)		
Uniforms expenses			Parking and Toll Fees		
Job Training or Higher Education Expenses	\$20		Any other expenses (Pls.give the description)		

Note: As per the IRS publication 463, All unreimbursed job related expenses can be claimed only on Temporary Client project assignment, which is generally expected to last for 12 Months or Less. And If you have received Per diem allowance from your employer, then you are not, eligible or supposed to claim the above expenses.

HEALTH INSURANCE:

Are you and your dependents covered under Health Coverage as per Federal laws??? Mandatory	YES
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 – Adjustment	ts 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 2017		
Student loan interest deduction – Provide Form 1098 E		
Tuition & Fees Provide Form 1098-T		
Gambling Losses		

FOR FBAR/FATCA

Did you have more than \$10,000 in your Foreign Accounts at any time during the Tax Year 2017	Tax Payer(Yes/No)	Spouse (Yes/No)
Did you have more than \$50,000 in your Foreign Accounts at any time	NO	NO
during the		
Tax Year 2017		

Note: You may have to FBAR (Foreign Bank Account Report) before April 17, 2017 if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded \$10,000 at any time during the tax



year 2017. You may have to file FATCA (Foreign Account tax Compliance Act) before April 17, 2017 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 2017.

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

S. No	Friend(s) Name	Friends E-mail ID	Contact Number
IVO			
1	Somaditya Kar	somaditya.kar@gmail.com	781-600-3857
2			
3			
4			



5				
6				

Feel Free to reach us at (212)-920-4151, (305)-359-3078

(Monday to Saturday 9:00 AM to 8:00 PM EST)

Tax Preparation Fee for TY2017	
Filing Status: Single MFJ MFS HOH QWDC	
Particulars	Federal
Federal – Standard Return (Form 1040)	\$ 19.99
Each State Tax Return	\$ 29.99
Federal – Non Resident Tax Return (Form 1040NR)	\$ 49.99
Federal – Itemized Return (Schedule A)	\$ 89.99
Federal – ITIN Case (Paper filing)- Form 1040	\$ 89.99
Federal – Non Resident Spouse Election (Paper Filing) (6013G & H)	\$ 99.99
Federal – Schedule C, E & 1099 Misc	\$ 119.98
FBAR Processing (Up To Two Bank Accounts-Free)	\$5 For Each Additional Bank Account
For State Rental Credit Planning/OSTC Credit Planning	\$19.99
City Return (KY, MI, NY, OH, PA) / County Return	\$ 19.99 each city
Stock Transaction	Page 1 Free,
	Page 2 is \$ 10 each
FATCA Processing - Form 1040	Free
Tax Representation	Unlimited (Up to 8
	Succeeding Years)

- In case of any audit taxpayer need to furnish the documents as per IRS guidelines to substantiate the claim made on the tax return.
- Claim only those expenses that you have incurred while working at client location and which is
 necessary expenditure to work at client locations, not lavish by nature but should be supported by
 proper documentary evidence.

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



Looking for your Business & Support!

Warm Regards, Global Taxes LLC. (Global Taxes team) Phone: (212)-920-4151,(305)-359-3078

Email: support@gtaxfile.com, info@gtaxfile.com

Write to us at: contact@gtaxfile.com or call us at (212)-920-4151, (305)-359-3078