**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](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 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**  **(Child -2)** | **Dependent 3**  **(Other dependent person)** |
| **First Name (per SSN/ITIN)** | **Sharmiladevi** | **Ariharan** | **Kaushik** |  |  |
| **Middle Name (per SSN/ITIN)** |  |  |  |  |  |
| **Last Name (per SSN/ITIN)** | **Krishnasamy** | **Mani Pillai** | **Ariharan** |  |  |
| **SSN/ITIN Number** | **154278838** | **774014651** | **948988732** |  |  |
| **Date of Birth (MM/DD/YY)** | **05/21/1986** | **01/17/1984** | **07/18/2012** |  |  |
| **Relationship with Primary Taxpayer** | **Self** | **Spouse** | **Child** |  |  |
| **Occupation** | **IT professional** | **IT Professional** |  |  |  |
| **Current Address** | **5417 N Clinton St, Fort Wayne, IN - 46825** | **5417 N Clinton St, Fort Wayne, IN - 46825** | **5417 N Clinton St, Fort Wayne, IN - 46825** |  |  |
| **Cell Number** | **8609444576** | **8604160248** |  |  |  |
| **Alternative Number (Home)** |  |  |  |  |  |
| **Work Number (with Extension)** |  |  |  |  |  |
| **Email address** | [**Sharmila.k86@gmail.com**](mailto:Sharmila.k86@gmail.com) | [**Ariharanm84@gmail.com**](mailto:Ariharanm84@gmail.com) |  |  |  |
| **First port of entry Date (MM/DD/YY)** | **02/04/14** | **07/24/14** | **07/24/14** |  |  |
| **Visa status on 31st Dec 2017** | **H1B** | **H1B** | **H4** |  |  |
| **Any change in visa status during the year 2017 (if yes pls. specify)** | **No** | **Yes H4 to H1** | **No** |  |  |
| **Marital status as on**  **Dec 31,2017** | **Married** | **Married** |  |  |  |
| **Date of Marriage (if applicable)** | **11/13/2011** | **11/13/2011** |  |  |  |
| **Filing Status (Single/Married/Head of Household)** | **Married** | **Married** |  |  |  |
| **No.of months stayed in US during 2017** | **12** | **12** | **12** |  |  |
| **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** |
| **Kaushik Ariharan** | **Montessori Children’s House** | **1701 Vogt Drive, West Bend, WI -53095** | **770624385** |  |
| **Kaushik Ariharan** | **The YMCA of Greater Ft. Wayne** | **347 W Berry, Suite 500, Fort Wayne, IN – 46802** | **350886850** | **$ 1188.00** |
|  |  |  |  |  |

**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 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:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** |
| **2017** | WI  IN | 01/01/2017  08/14/2017 | 08/13/2017  Till date | **2017** | IA  CA  CA | 01/06/2017  04/01/2017  08/15/2017 | 02/07/2017  05/07/2017  12/31/2017 |
| **2016** | NJ  WI | 01/01/2016  02/01/2016 | 01/31/2016  12/31/2016 | **2016** | NJ  WI | 01/01/2016  02/01/2016 | 01/31/2016  12/31/2016 |
| **2015** | CT  NJ | 01/01/2015  11/26/2015 | 11/25/2015  12/31/2015 | **2015** | CT  NJ | 01/01/2015  11/26/2015 | 11/25/2015  12/31/2015 |
|  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employment Details** | | | | | | |
|  | **Employer Name & Address (State & City)** | **Designation** | **Employment Start Date (MM/DD/YY)** | **Employment End Date (MM/DD/YY)** | **Visa Status** | **Worked at Employer Location (EL) or Client Location (CL)** |
| **Taxpayer** | CAPGEMINI AMERICA INC,  6400 SCHAFER CT STE 100,  ROSEMONT, IL 60018 | Senior Consultant | 11/30/2015 | Till date | H1B | CL |
| **Taxpayer** | COGNIZANT TECHNOLOGY  SOLUTIONS US CORPORATION,  211 QUALITY CIR STE 150, COLLEGE STATION, TX 77845 | Associate - Projects | 02/04/2014 | 11/25/2015 | H1B | CL |
| **Spouse** | AA SOLUTIONS INC,  4606 FM 1960 RD W STE 350,  HOUSTON, TX 77069 | Program Analyst | 01/06/2017 | 01/03/2018 | H1B | CL |
| **Spouse** |  |  |  |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Taxpayer**  **Project 1** | **Project 2** | **Spouse**  **Project 1** | **Project 2** | **Project 3** |
| Client Name | West Bend Mutual Insurance Co | Medpro | Rockwell Collins | Honda R&D | Google |
| Client Project Location ( City & State ) | West Bend - WI | Fort Wayne - IN | Cedar Rapids - IA | Torrance - CA | Mountain View - CA |
| Project Start date (MM/DD/YY) | 02/01/2016 | 08/14/2017 | 01/06/2017 | 04/01/2017 | 08/14/2017 |
| Project End date/ expected date (MM/DD/YY) | 06/30/2017 | Till date | 02/07/2017 | 05/07/2017 | 12/31/2017 |
| Mode of commuting (Bus, train, rental or own car, others) | Taxi / Walk | Taxi | Taxi | Taxi | Walk |
| Monthly Bus, Train, Cab Fare, Car Rent if leased vehicle is used |  | $300 |  |  |  |
| Daily Project Miles on Vehicle (one way) using own car |  |  |  |  |  |
| Monthly Rent / Stay Expenses | $675 | $810 | $700 | $950 | $1500 |
| Daily Meals Expenses while on Client Projects |  |  |  |  |  |
| **One way** distance between your employer location & client location |  |  |  |  |  |
| **One way** distance between your Home location & client location | 1.1 mile | 2.5 miles |  |  |  |

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 |  |  |

**ITEMIZED DEDUCTIONS – Schedule A**

**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 (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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Bank Name (Foreign)** | **Bank Address (Foreign)** |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 2017** | **One-way distance from Home to Office** | **Parking and toll** | **Purchase date** |
| Taxpayer |  |  |  |  |  |  |
| Taxpayer |  |  |  |  |  |  |
| Spouse |  |  |  |  |  |  |

**Business Assets purchased:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Asset Purchased in 2017** | **Cost** | **Purchase date** | **Receipt Available or not** |
| Laptop |  |  |  |
| Cell Phone |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Miscellaneous Unreimbursed Job related Expenses (Client Location)** | | | | | |
| **Particulars** | **Taxpayer** | **Spouse** | **Particulars** | **Taxpayer** | **Spouse** |
| Union and Professional Dues |  |  | Last Year Tax Preparation Fees paid |  |  |
| Internet Charges per month |  |  | Job Hunting Expenses |  |  |
| Cell Phone Charges per month |  |  | Safe Deposit Box Rental |  |  |
| Employment Visa Processing Fees |  |  | Cost of Energy Saving Equipment |  |  |
| Professional Books and Supplies and Magazines |  |  | Casualty or theft loss(es) |  |  |
| Uniforms expenses |  |  | Parking and Toll Fees |  |  |
| Job Training or Higher Education Expenses |  |  | 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**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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)** |
| 1. **Amount of Foreign Income** |  |  |  |  |
| 1. **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 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)**  **No** | **Spouse (Yes/No)**  **No** |
| **Did you have more than $50,000 in your Foreign Accounts at any time during the**  **Tax Year 2017** | **No** | **No** |

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**

|  |  |
| --- | --- |
| Duly Filled TY-2017 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 2017)** |  |
| **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)** |  |
| **Others** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |
|  | | | |

**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**](mailto:support@gtaxfile.com)**,** [**info@gtaxfile.com**](mailto:info@gtaxfile.com)