



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 (Child -2)	Dependent 3 (Other dependent person)
First Name (per SSN/ITIN)	VIBHOR	RASHMI	VERAJ		
Middle Name (per SSN/ITIN)					
Last Name (per SSN/ITIN)	BHATNAGAR	SINHA	BHATNAGAR		
SSN/ITIN Number	217-87-5180	212-91-8699	642-45-5611		
Date of Birth (MM/DD/YY)	12/29/81	06/20/1984	07/20/2015		
Relationship with Primary Taxpayer					
Occupation	S/W. Engr.	HOUSEWIFE			
Current Address	8212 Ashford Gables Dr., ATLANTA, GA, 30338				
Cell Number	443-856-9206				
Alternative Number (Home)					
Work Number (with Extension)					
Email address	Vibhor.Sonu@gmail.com				
First port of entry Date (MM/DD/YY)					
Visa status on 31 st Dec 2017	H1B	H4B	CITIZEN		

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Any change in visa status during the year 2017 (if yes pls. specify)	NO	NO	NO		
Marital status as on Dec 31,2017	Yes				
Date of Marriage (if applicable)					
Filing Status (Single/Married/Head of Household)	Married				
No.of months stayed in US during 2017	12				
Will you stay in US for more than 183 days in year 2018 – (Yes or No)	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.

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	

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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	HONDA	CIVIC 2014	5000	2K		
Taxpayer						
Spouse						

Business Assets purchased:

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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/NO
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 Form 1099-HC.	

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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	MD GA			2017			
2016	MD			2016	MD		
2015	MD			2015	MD		

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						
Taxpayer						
Spouse						
Spouse						

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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					
Client Project Location (City & State)					
Project Start date (MM/DD/YY)					
Project End date/ expected date (MM/DD/YY)					
Mode of commuting (Bus, train, rental or own car, others)	Car				
Monthly Bus, Train, Cab Fare, Car Rent if leased vehicle is used					
Daily Project Miles on Vehicle (one way) using own car					
Monthly Rent / Stay Expenses	1200				
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					

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		

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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)
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 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 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.

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