**Tax Information**

|  |  |  |
| --- | --- | --- |
| **Basic Information** | **Tax Payer** | **Spouse** |
| **Last Name (As per SSN)** | BEHERA |  |
| **First Name (As per SSN)** | SAROJ KUMAR |  |
| **Middle Initial (As per SSN)** |  |  |
| **SSN / ITIN** | 090-73-0274 |  |
| **Date of Birth (mm/dd/yyyy)** | 06/06/1988 |  |
| **Occupation- Working/ Student** | WORKING |  |
| **First Entry Date into US (mm/dd/yyyy)** | 08/01/2012 |  |
| **No of Months stayed in US?** | 63 |  |
| **Date Finally Left the US (If Applicable)** |  |  |
| **Type of Visa** | H1(OCT 1-DEC 31)  F1 (JAN1-SEP 30) |  |
| **Whether GC Holder?** | NO |  |
| **Was there any change in VISA Status in 2017?** | YES |  |
| **Marital /Filing Status** | SINGLE(MARRIED ON 5TH JAN 2018) |  |
| **No of Children / Dependents** | 0 |  |
| **Work Phone** | 703-357-7469 |  |
| **Cell Phone / Home Phone** | 267-721-6465 |  |
| **Email ID** | SAROJKMB@GMAIL.COM |  |

|  |  |  |
| --- | --- | --- |
| **Bank Account Details (For Direct Deposit of Refund)** | |  |
| **Name of the Bank** | BANK OF AMERICA | |
| **US Bank Account No:** | **435038119936** | |
| **US Bank Routing No:** | **051000017** | |
| **Checking / Savings?** | CHECKING | |

|  |  |  |
| --- | --- | --- |
| **Mailing Address (For IRS Reference)** | |  |
| **Address Line 1** | 2200 COLUMBIA PIKE | |
| **Address Line 2** | APT 1217 | |
| **City, State** | ARLINGTON-VA | |
| **Zip Code** | 22204 | |

|  |  |  |
| --- | --- | --- |
| * **Child / Dependent Information** | **Child/Dependent 1** | **Child / Dependent 2** |
| **Last Name (As per SSN)** |  |  |
| **First Name (As per SSN)** |  |  |
| **Middle Initial (As per SSN)** |  |  |
| **SSN / ITIN** |  |  |
| **Date of Birth (mm/dd/yyyy)** |  |  |
| **Relationship** |  |  |
| **Months lived with Taxpayer** |  |  |
| **Child Care Expenses** |  |  |
| **Type of Visa** |  |  |
| **Whether US Citizen / Resident Alien** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If you don’t have SSN and ITIN for Spouse and Dependents fill the following details** | | | | | |
| **Spouse** | | **Dependent 1** | | **Dependent 2** | |
| **Place of Birth** |  | **Place of Birth** |  | **Place of Birth** |  |
| **Passport Number** |  | **Passport Number** |  | **Passport Number** |  |
| **Passport Expiry Date** |  | **Passport Expiry Date** |  | **Passport Expiry Date** |  |
| **Passport Issued By** |  | **Passport Issued By** |  | **Passport Issued By** |  |
| **VISA Type** |  | **VISA Type** |  | **VISA Type** |  |
| **VISA Number** |  | **VISA Number** |  | **VISA Number** |  |
| **VISA Expiry Date** |  | **VISA Expiry Date** |  | **VISA Expiry Date** |  |
| **First Entry Date** |  | **First Entry Date** |  | **First Entry Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Everyone on the tax return was covered by health insurance all year? (Please tick mark on applicable box below, if partial then mention the month(s) that were covered with health insurance)** | | | |
|  | **Yes** | **No** | **Partial** |
| **Taxpayer** | YES |  |  |
| **Spouse** |  |  |  |
| **Dependent 1** |  |  |  |
| **Dependent 2** |  |  |  |
| **Dependent 3** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Identity Verification** | **Taxpayer** | **Spouse** |
| **Do you or your spouse has Drive License or**  **State Issued identification Card? Please mention.** |  |  |
| **Issuing State** |  |  |
| **License number or State identification number** |  |  |
| **Issue Date** |  |  |
| **Expiration Date** |  |  |

|  |  |  |
| --- | --- | --- |
| **Child / Dependent Day Care Provider Expenses** | **For Child/Dependent 1** | **For Child/Dependent 2** |
| **Name of the Organization** |  |  |
| **Address of the Organization** |  |  |
| **ID Number (SSN or EIN) of Organization** |  |  |
| **Amount Paid by the Taxpayer** |  |  |
| **If Child Care Expenses Reimbursed by Employer?** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education and Tuition Fees** | **Tax Payer** | **Spouse** | **Child (If any)** |
| **Name of the School or College (if Recognized)** |  |  |  |
| **Education Expenses Incurred** |  |  |  |
| **Qualified Expenses (If received Form 1098-T)** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **States Residency** | | **Duration (mm/dd/yyyy)** | | **Duration (mm/dd/yyyy)** | |
| **States Resided** | | **Tax Payer** | | **Spouse** | |
| **From** | **To** | **From** | **To** |
| **2017** | VA | JAN 2017 | DEC 2017 |  |  |
| **2016** | VA | JAN 2016 | DEC 2016 |  |  |
| **2015** | VA | JAN 2015 | DEC 2015 |  |  |

**Note:** StatesResided details are required to ascertain – Full Year/Part Year/ Non Resident for 2017.

Number of days spent in US and outside US with dates for year 2017

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Country (Including US)** | **Date Arrived** | **Date Left** | **Days present in the country** | **No of days in the US** |
| **US** | 01/22/2017 | 12/01/2017 | 313 | 313 |
| **INDIA** | 01/01/2017 | 01/22/2017 | 22 |  |
| **INDIA** | 12/01/2017 | 12/21/2017 | 30 |  |

|  |  |
| --- | --- |
| **Medical and Dental Expenses** | **Amount** |
| **Prescription Medications** | $3.02 |
| **Health Insurance Premiums** | $236.72+$997.02+$22.22 |
| **Co-Pays -Doctors, Dentists, Etc** |  |
| **Hospitals, Clinics, etc** |  |
| **Eyeglasses and Contact Lenses** | $78 |
| **Miles Driven for Medical Purposes** |  |
| **Maternity Expenses** |  |
| **Other Medical and Dental Expenses** |  |

* **List of Itemized Expenses**

|  |  |
| --- | --- |
| **Taxes** | **Amount** |
| **Real Estate Taxes paid on principal residence in US** |  |
| **Real Estate Taxes paid on principal residence in India** |  |
| **Auto License Registration fees** | $40 |
| **Other Personal property taxes paid** | $393 |
| **Tax Preparation Fees for 2016** | $50 |

|  |  |
| --- | --- |
| **Interest You Paid** | **Amount** |
| **Home Mortgage interest Paid on Home in US** |  |
| **Home Mortgage interest Paid on Home in India** |  |

|  |  |
| --- | --- |
| **Charitable Contributions (Name of the Organization)** | **Amount** |
| **1.** |  |
| **2.** |  |

|  |  |
| --- | --- |
| **Miscellaneous Deductions** | **Amount** |
| **Air Fare Charges - Travel to India to see your parents (If you are Single)** | $1800 |
| **Air Fare Charges- Family Home Visit (If you are married and your spouse stays in another State)** |  |
| **Air Fare Charges- Business Trips** |  |
| **Meals, Parking & Toll Fees** | $3000 |
| **Other Expenses** |  |

# Employee Job Expenses:

# Note: Enter if you had worked with two employers during 2017 then please mention as Emp-I & Emp-II / CL –I & CL -II.

|  |  |  |
| --- | --- | --- |
| **Employment Details** | **Taxpayer** | **Spouse** |
| **Employer Name** | *CAPITALONE* |  |
| **Employer Location (City, State)** | *VIENNA, VA* |  |
| **Occupation** | *SOFTWARE ENGINEER* |  |
| **Employment Start Date** | *1ST JAN* |  |
| **Employment End Date** | *31ST DEC* |  |
| **Visa Status** | *F1 AND H1* |  |
| **Do you work at Employer Location (or) at Client Location on projects?** | *EMPLOYER LOCATION* |  |

Fill this only if you/your spouse worked at a **Client Location**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **Taxpayer** | | **Spouse** | |
| **Client I** | **Client II** | **Client I** | **Client II** |
| **Client Name** |  |  |  |  |
| **Client Project Location (City, State)** |  |  |  |  |
| **Project Start Date (mm/dd/yy)** |  |  |  |  |
| **Project End Date (mm/dd/yy)** |  |  |  |  |
| **Monthly Rent(including utilities)** |  |  |  |  |
| **Daily Meal Expense** |  |  |  |  |
| **Mode of Transport & Cost- (if not using your own vehicle)** |  |  |  |  |
| **One-way distance between your Home & Client Location** |  |  |  |  |
| **One-way distance between your Employer Location & Client Location** |  |  |  |  |
| **Expenses incurred to visit your Employer Location** |  |  |  |  |

# Relocation Expenses:

(Enter Airfare + Transportation Charges + Onward Meals & Tips + Boarding & Lodging+ Packing Charges)

|  |  |
| --- | --- |
| **Type of Relocation** | **Amount of Expense Incurred** |
| **a) Have you moved/relocated from one CL to another CL during the TY 2017?** |  |
| **b) Have you moved/relocated from EL to CL during the TY 2017?** |  |
| **c) Have you moved/relocated from India to US during the TY 2017 for the purpose of employment?** |  |

* **Job Related Expenses** (Please enter the Expenses that are not reimbursed by your Employer for 2017)

|  |  |  |
| --- | --- | --- |
| **Expense Type** | **Taxpayer**  **Amount (In $)** | **Spouse**  **Amount (in $)** |
| **a) Professional Books , Magazines & Supplies** |  |  |
| **b) Professional Membership Subscription** |  |  |
| **c) Uniform Expenses** |  |  |
| **d) Internet Charges per month** |  |  |
| **e) Cell Phone Charges per month** | *$40* |  |
| **f) Job Training or Higher Education Expenses** |  |  |
| **g) Parking and Toll Fees, if any paid on Client Locations** |  |  |
| **h) Employment Visa Processing Fees (including Attorney Fees)** | *$190* |  |
| **i) Last Year Tax Preparation Fees** | *$50* |  |
| **j) Name, Cost & Month you bought the asset for work purposes** |  |  |
| **k) Home Mortgage Interest (For property in US)** |  |  |
| **l) Property Taxes (For property in US)** |  |  |
| **m) Home Mortgage Interest (For property in India)** |  |  |
| **n) Property Taxes (For property in India)** |  |  |
| **o) Student Loan Interest Paid in US/India (For Education in US)** |  |  |
| **p) Contributions to IRA (Individual Retirement Account)** |  |  |
| **q) Contributions of HSA (Health Savings Account)** |  |  |
| **r) Educator Expenses (if you/your spouse is a Teacher/Faculty)** |  |  |
| **s) Medical Expenses (Read Note Below)** |  |  |
| **t) State Income Taxes Paid at the time of filing the tax return** |  |  |

# 

# Vehicle Information:

|  |  |
| --- | --- |
| **If Vehicle Used to Commute to Client Location/Business Location** |  |
| **a) Vehicle Owned during the TY 2017?** | *YES* |
| **b) Hybrid or Alternative Motor Vehicle?** | *NO* |
| **c) Was the Vehicle used for travel to Client Locations?** |  |
| **If YES - Please provide the following information:** |  |
| **1) Make & Model of the Vehicle** |  |
| **2) Purchase Date** |  |
| **3) Cost Price** |  |
| **4) Total Mileage during TY 2017** |  |
| **5) One-way commuting distance between Home & Client Location** |  |
| **6) Sales & Excise Tax paid on the vehicle bought in TY 2017** |  |

# Investments – Sale & Purchase of Stocks (ISOs,ESPPs, & Securities)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purchase Details** | | | | | **Sale Details** | | | | |
| **Date Purchased** | **Stock Description** | **Quantity** | **Rate per Unit** | **Total = Qty \* Rate** | **Date Sold** | **Stock Description** | **Quantity** | **Rate per Unit** | **Total = Qty \* Rate** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Note: We can also help you in planning the timing of exercise of your Incentive Stock Options (ISOs) or Employee Stock Purchase Plan (ESPPs). Unplanned exercise of ISOs may greatly impact your AMT!

# Rental Income (If Any):

Note: Please fill in these details if you had any Rental Income from your Residential/Commercial Property in US

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| 1. **Property Type? (Residential/Commercial)** |  |
| 1. **Location/Address** |  |
| 1. **Specify the following:** 2. **No. of months rented in year 2017** 3. **No. of months you used for personal purpose** |  |
| 1. **Property is owned by (Taxpayer/Spouse/Joint)** |  |
| 1. **Date this property was purchased (mm/dd/yy)** |  |
| 1. **Rental Expenses incurred to earn Rent, if any** |  |

# Foreign Income & Expenses (If Any):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **Salary Income** | **Dividend Income** | **Interest Income** | **Rental Income** |
| 1. **Foreign Income from which source** |  |  |  |  |
| 1. **Amount of Foreign Income** |  |  |  |  |
| 1. **Foreign Taxes (if any) withheld** |  |  |  |  |

Note: You may have to file FBAR before April 15, 2018 if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded $10,000 at any time during the tax year 2017.

**Tax Payer’s Check List of Tax Documents**

|  |
| --- |
| **Check List- Upload / Email the below mentioned Tax Documents along with this Tax *Notes.*** |
| * **Latest Paystub** |
| * **Wage Income – Form W2/Corrected W2** |
| * **Interest Income – Form 1099-INT** |
| * **Dividend Income – Form 1099-DIV** |
| * **State Tax Refund/Unemployment Compensation – Form 1099-G** |
| * **Self-Employment Income/Business Income – Form 1099-MISC** |
| * **Sale of Shares/Securities – Form 1099-B** |
| * **Retirement Distributions – Form 1099-R** |
| * **Income from S-Corp/LLP/LLC – Schedule K1** |
| * **Rental Income from US Property** |
| * **Foreign Tax Certificate (if you made any income from foreign country during 2017)** |
| * **Student Loan Interest – Form 1098-E** |
| * **Home Mortgage Interest – Form 1098** |
| * **Prior Year Federal & State Tax Return (if New Client)** |
| * **Estimated Tax Payments – Form 1040ES** |

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# Additional Notes:

|  |
| --- |
| **If you wish to give any other information to Tax Preparer, you can please type below** |
|  |
|  |
|  |

Note: Please elaborate on any of your tax data, or include facts and circumstances we should be aware of in order to properly prepare your tax return. Also include any questions you may have.

**Tax Alert on Health Insurance:** Federal Tax Department has made a mandate that every individual Tax payer and their dependents must have the health insurance.

**What if you don’t?** : If you don’t have the health insurance, IRS is levying a penalty of $695 per adult and $347.50 per child or 2.5% of gross income on your 2017 tax return.