

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	Depende	Depen	Dependent 3
			nt 1	dent 2	(Other
			(Child1)	(Child	dependent
				-2)	person)
First Name (per	Ramesh				
SSN/ITIN)					
Middle Name (per					
SSN/ITIN)					
Last Name (per	Kurakula				
SSN/ITIN)					
SSN/ITIN Number	355194274				
Date of Birth	05/18/1991				
(MM/DD/YY)					
Relationship with Primary					
Taxpayer					
Occupation					
Current Address					
	12820 west parmer lane, #8208,				
	Cedar park,TX-78613				
Cell Number	2545416969				



Alternative Number			
(Home)			
Work Number (with			
Extension)			
Email address	ramesh.kurakula08@gmail.com		
First port of entry Date (MM/DD/YY)	07/25/2015		
Visa status on 31 st Dec 2017	OPT		
Any change in visa status during the year 2017 (if yes pls. specify)			
Marital status as on Dec 31,2017	single		
Date of Marriage (if applicable)			
Filing Status (Single/Married/Head of Household)	single		
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	Amount Paid
			care.	

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 owe amount(Optional)	Deposit of Refund Amount/Auto withdrawal of
Bank Name	Bank of America
Bank Routing Number (Paper or Electronic)	111000025
Bank Account Number	488057220675
Checking / Saving Account	checking
Account Holder Name	Ramesh kurakula

RESIDENCY DETAILS:

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	TX	01/01/2016	12/31/2016	2017			
2016	TX	1/01/2016	12/31/2016	2016			
2015	TX	07/25/2010	12/31/2015	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	Sp Technilogies INC 2209 Blended Tree Ranch Drive Leander, TX 78641		9/10/2017	,		EL	
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					
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)			
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			
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		

<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
\$2539.68		\$400			

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 CO	ONTRIBUTION:	<u>S</u>	
S.n o	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 Info	<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						
Taxpayer						
Spouse						

Business Assets purchased:

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



Cell Phone		

Other Miscella	neous Unrei	imbursed J	ob related Expenses (Client L	ocation)	
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 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)				

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	Tax Payer(Yes/No)	Spouse
during the Tax Year 2017		(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.

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

OF LOAD / LIVIAIL THE FOLLOWING DOCOMENTS ALC	
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	

S. No	Friend(s) Name	Friends E-mail ID	Contact Number
L			
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	
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,