

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 <u>info@gtaxfile.com</u> 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)	Divya Bharathi				
Middle Name (per SSN/ITIN)					
Last Name (per SSN/ITIN)	Pusala				
SSN/ITIN Number	651516067				



Date of Birth (MM/DD/YY)	03-24-1991			
Relationship with Primary				
Taxpayer				
Occupation	Software engineer			
Current Address	2601 Satyr HI, Columbus OH- 43219			
Cell Number	937-750-9890			
Alternative Number (Home)				
Work Number (with				
Extension)				
Email address	divya.naidu222@	gmail.com		
First port of entry Date (MM/DD/YY)	12-15-2012			
Visa status on 31 Dec 2017	Cap Gap - opt Exp	ired		
Any change in visa status during the year 2017 (if yes pls. specify)	Opt Expired- Sep 31- 2017			
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	12 months			



during 2017			
Will you stay in US for more			
than 183 days in year 2018 –	No		
(Yes or No)			
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	Amount Paid
			who provided the 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.

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	Chaseb			
Bank Routing Number	044000037			



(Paper or Electronic)	
Bank Account Number	165576820
Checking / Saving Account	Checking
Account Holder Name	Divya Bharathi Pusala

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	Ohio	01-01-2017	31-12-2017	2017			
2016	Ohio	03-27-2016	31-12-2016	2016			
2015				2015			

	Employment Details								
	Employer Name &		Employment	Employment		Worked at Employer			
	Address (State &	Designation	Start Date	End Date	Visa	Location (EL) or Client			
	City)		(MM/DD/YY)	(MM/DD/YY)	Status	Location (CL)			
Taxpayer	Unicon International	Inc	03-31-2016	09-29-2017	OPT	CL			



Taxpayer			
Spouse			
Spouse			

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

	Taxpayer			Spouse	
	Project 1	Project 2	Project 3	Project 1	Project 2
Client Name	Nationwide insurand	e			
Client Project Location (City & State)	Columbus, OHIO				
Project Start date (MM/DD/YY)	03-31-2016				
Project End date/ expected date (MM/DD/YY)	09-29-2017				
Mode of commuting (Bus, train, rental or own car, others)	Car pool				
Monthly Bus, Train, Cab Fare, Car Rent if leased	300\$				
vehicle is used					
Daily Project Miles on Vehicle (one way) using own car					
Monthly Rent / Stay Expenses	800\$				



Daily Meals Expenses while on Client Projects	10\$		
One way distance between your employer location	20miles		
& client location			
One way distance between your Home location &	10miles		
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		

ITEMIZED DEDUCTIONS - Schedule A

Medical Expenses:							
Prescription	Health insurance	Doctors, Dentists,	Hospitals, clinics,	Eyeglasses and	Maternity		
medications	premiums	etc.	etc.	contact lenses	expenses, if any		
	600\$						

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

Home Mortgage Interest

***	G	LOBAL	TAX	GLO	BA		(ES L	LC			
Home	Home mortgage interest Points, if		Home mortgage	e inte	rest paid in	Mortgage	e insura	ince	Inve	estment	
paid i	in US - *	FORM 1098	any	INDIA – *Below details required		premium	s paid,	if any	inte	rest. Attach	
Mand	latory									For	m 4952
				Bank Name (Foreign)		Bank A (Foreig		SS			
					ONT	RIBUTIO	NS				
S.n	Charita	ble Institution	Name	Donated	Pro	perty	FMV of Pro	perty	No. of	trips	driven and
o				Amount Donated		Donated one w		one wa	ay di	stance	
1										-	
2											
Note				re than \$ 250 re		•	-		1		
2) N	on - Ca	ash Contrik	oution mol	re than \$ 500 r		-	andatory				
				Vehicle	Into	<u>rmation</u>					
		Name of	Make &	Total miles drive	riven in One-way dis		istance	Parkii	ng and	F	Purchase date
		the Vehicle	Model	year 2017	from Home to		e to Office	toll			
Тахра	ayer										
Тахра											
Spou	se										

Business Assets purchased:

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



Particulars	Taxpayer	Spouse	Particulars	Taxpayer	Spouse
Union and Professional Dues			Last Year Tax Preparation Fees paid	80\$	
Internet Charges per month	82\$		Job Hunting Expenses		
Cell Phone Charges per month	80\$		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	100\$	
Job Training or Higher Education			Any other expenses (Pls.give		
Expenses			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 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 – 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

GLOBAL TAX

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.

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

. 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, info@gtaxfile.com, info@gtaxfile.com, info@gtaxfile.com, info@gtaxfile.com, info@gtaxfile.com, info@gtaxfile.com)