# Tax Organizer-2024



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**₹**+1 2134444370

# **General Information**

| Particulars   | Primary   | Spouse | Children | Children | Other     |
|---|-----------|--------|----------|----------|-----------|
|   | Tax Payer |        | 1        | 2        | Dependent |
| First Name (as per SSN)                                 |           |        |          |          |           |
| Middle Name   |           |        |          | 1 (      |           |
| Last Name   |           |        |          | 1        |           |
| Date Of Birth (MM-DD-YY)                                |           |        |          |          |           |
| SSN/ITIN  |           |        |          |          |           |
| Relationship With Primary Taxpayer?                     |           |        |          |          |           |
| Visa Category on<br>December 31 <sup>st,</sup> 2024?    |           |        |          |          |           |
| Change in 2024? If yes, then mention 4isa change dates? |           |        |          |          |           |
| Country Of Citizenship                                  |           |        |          |          |           |
| Marital Status (As on Dec 31, 2024)?                    | A. A.     |        |          |          |           |
| Year Of Marriage  |           |        |          |          |           |
| Communication Address                                   |           |        |          |          |           |
| Occupation  |           |        |          |          |           |
| Mobile Number   |           |        |          |          |           |
| Work Phone Number (EXT)                                 |           |        |          |          |           |
| Email Id  |           |        |          |          |           |
| Primary Port of Entry into The U.S. (MM/DD/YYYY)        |           |        |          |          |           |
| Total Number of Months<br>Stayed in The U.S. During     |           |        |          |          |           |
| Will You Stay in The U.S.? For More Than 6 Months       |           |        |          |          |           |
| In 2025? (Yes/No)                                       |           |        |          |          |           |

States (US) of Residency

|             |       | Тахр            | ayer          |       | Spouse            |                 |  |
|-------------|-------|-----------------|---------------|-------|-------------------|-----------------|--|
| Tax<br>Year | State | From (MM/DD/YY) | To (MM/DD/YY) | State | From (MM/DD/YYYY) | To (MM/DD/YYYY) |  |
| 2024        |       |                 |               |       |                   |                 |  |
| 2023        |       |                 |               |       |                   |                 |  |
| 2022        |       |                 |               |       |                   |                 |  |
| 2021        |       |                 |               |       |                   |                 |  |

Provide us with your Total Number of Presence Days for the Years 2024,2023, 2022 & 2021. It helps us to determine the category of 'Tax Residency' (Resident, Part-Year Resident, and Non-Resident). Note: You might have to file City or County Tax Return. If you have resided in Kentucky, Michigan, New York, Ohio, Pennsylvania, Indiana, Iowa, Or Maryland.

In order to avoid penalties on your state tax returns, you must have obtained health insurance if you lived in the states of California, Massachusetts, New Jersey, Rhode Island, and Vermont.

Bank Account Details for Direct Deposit of Refund / Direct Debit of Tax Due Amount:

| Bank Account Details for Direct Deposit of Refund / Direct Debit of Tax Due amount: |  |  |  |  |  |
|---|--|--|--|--|--|
| (For Deposit of Refund / Auto Withdrawal of Owe Amount)                             |  |  |  |  |  |
| Bank Name   |  |  |  |  |  |
| Account Number  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Rental Deduction or Credits- In case you resided In the CA, IN, MA, NJ, MN, and WI states.

| State | Rent Paid Per Month | Number Of Months<br>Stayed |
|-------|---------------------|----------------------------|
|       |                     |                            |
|       | <b>A A B</b>        |                            |

Charitable Contributions (Calendar 2024):

| S. No | Name Of the Charitable<br>Institution | Amount \$ | Charitable Miles<br>(Home-<br>Charitable<br>Institution) If<br>any. | Property Info<br>(If donated,<br>any) with the<br>Date |
|-------|---------------------------------------|-----------|---|--|
| 1     |                                       |           |   |  |
| 2     |                                       |           |   |  |

Child and Dependent Care Expenses:

| CII | na ana Bependent care Expenses.                                     | And and Dependent our of Expended. |  |  |  |  |
|-----|---|------------------------------------|--|--|--|--|
|     | (Day-Care Expenses Can Be Claimed If Your Spouse Is V               | WORKING Or A FULL-TIME STUDENT)    |  |  |  |  |
| 1.  | Name of the dependent for whom these expenses were incurred         |                                    |  |  |  |  |
| 2.  | Name Of the institution/Person to whom the amount was paid          |                                    |  |  |  |  |
| 3.  | Federal ID/SSN of the Institution/Person to whom the Money Was Paid |                                    |  |  |  |  |
| 4.  | Institution Address (Street Address, City, State, ZIP Code)         |                                    |  |  |  |  |
| 5.  | Total Expenditure Amount  |                                    |  |  |  |  |

| Expense Type   | any)  |                      |                 |
|--|---|----------------------|-----------------|
| 1. Contributions To HSA - (Health Savings Account) - Provide Supporting Document Form 5498-5A 2. Contributions To Traditional IRA (Individual Retirement Account) - (This Is Not 401K Provided By Your Employer. If Roth IRA, Please Mention Roth IRA) Form 5498  Other Expenses Information:  Type Of Expenses  Taxpayer Spouse Amount  Type Of Expenses  1. Home Mortgage Interest or Points (For Property in the US). Provide Form 1098 2. US Property Taxes. 3. Educator Expenses (If You/Your Spouse Is A Teacher/Faculty). 4. Medical Expenses (If You/Your Spouse Is A Teacher/Faculty). 5. Were Any State Refunds for TY20227 6. Cost Of Energy Saving Equipment (Ex: Solar Water Heater, Boiler, Skylights, Electric Heat Pump, Natural Gas Propane, Metal Roofing, Wooden Furnace, Etc.,) - Mention Equipment Purchased & Cost. 7. Any other expenses not listed above.  Rental Income and Expenses (If any):  Particulars 1. Property Type? (Residential/Commercial) 2. Property Address 3. Specify The Following: a. Date the Property Rented Out b. No. Of Months You Used for Personal Purpose 4. Property Is Owned By (Taxpayer/Spouse/Joint) 5. Property Purchased Date (MM-DD-YYYY) 6. Cost Of the Property 7. Total Rental Income Received (s)  Rental Expenses 8. Home Mortgage Interest 9. Property Taxes 10. Advertising 11. Cleaning and maintenance   | HSA / IRA Contributions:  |                      |                 |
| Account) - Provide Supporting Document Form \$498-SA  2. Contributions To Traditional IRA (Individual Retirement Account) - (This Is Not 401K Provided By Your Employer. If Roth IRA, Please Mention Roth IRA) Form \$498  Other Expenses Information:  Type Of Expenses  Taxpayer \$ Spouse \$ Amount | Expense Type  |                      | _               |
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| Is Not 401K Provided By Your Employer. If Roth IRA, Please Mention Roth IRA) Form 5498  Other Expenses Information:  Type Of Expenses  Type Of Expenses  Taxpayer shmount  Type Of Expenses  Taxpayer shmount  Type Of Expenses  I Taxpayer shmount  Type Of Expenses  I Taxpayer shmount  Type Of Expenses  I Taxpayer shmount  I Tax   |   |                      |                 |
| Other Expenses Information:  Type Of Expenses  Type Of Expenses  Type Of Expenses  Taxpayer s Amount  Toylour Spouse s Amount  Toylour Spouse s Amount  Taxpayer s Spouse  Amount  Taxpayer s Spouse  Amount  Taxpayer s Spouse  Amount  Taxpayer s Amount  Taxpayer   |   |                      |                 |
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| 4. Medical Expenses. 5. Were Any State Refunds for TY2022? 6. Cost Of Energy Saving Equipment (Ex: Solar Water Heater, Boiler, Skylights, Electric Heat Pump, Natural Gas Propane, Metal Roofing, Wooden Furnace, Etc.,) - Mention Equipment Purchased & Cost. 7. Any other expenses not listed above.  Rental Income and Expenses (If any):  Particulars Details 1. Property Type? (Residential/Commercial) 2. Property Address 3. Specify The Following:   |   |                      |                 |
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| Particulars  Details  Property Type? (Residential/Commercial)  Property Address  Specify The Following: a. Date the Property Rented Out b. No. Of Months You Used for Personal Purpose  Property Is Owned By (Taxpayer/Spouse/Joint)  Property Purchased Date (MM-DD-YYYY)  Cost Of the Property  Total Rental Income Received (\$)  Rental Expenses  Home Mortgage Interest  Property Taxes  Advertising  Cleaning and maintenance  | 7. Any other expenses not listed above.   |                      |                 |
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| 3. Specify The Following:     a. Date the Property Rented Out     b. No. Of Months You Used for Personal Purpose  4. Property Is Owned By (Taxpayer/Spouse/Joint)  5. Property Purchased Date (MM-DD-YYYY)  6. Cost Of the Property  7. Total Rental/Income Received (\$)  Rental Expenses  \$ 8. Home Mortgage Interest  9. Property Taxes  10. Advertising  11. Cleaning and maintenance   | 1. Property Type? (Residential/Commercial)                                      |                      |                 |
| a. Date the Property Rented Out b. No. Of Months You Used for Personal Purpose  4. Property Is Owned By (Taxpayer/Spouse/Joint)  5. Property Purchased Date (MM-DD-YYYY)  6. Cost Of the Property  7. Total Rental Income Received (\$)  Rental Expenses \$ 8. Home Mortgage Interest 9. Property Taxes 10. Advertising 11. Cleaning and maintenance   | 2. Property Address   |                      |                 |
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| 4. Property Is Owned By (Taxpayer/Spouse/Joint)  5. Property Purchased Date (MM-DD-YYYY)  6. Cost Of the Property  7. Total Rental Income Received (\$)  Rental Expenses  \$ 8. Home Mortgage Interest  9. Property Taxes  10. Advertising  11. Cleaning and maintenance   |   |                      |                 |
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| 7. Total Rental Income Received (\$)  Rental Expenses \$ 8. Home Mortgage Interest 9. Property Taxes 10. Advertising 11. Cleaning and maintenance  | 5. Property Purchased Date (MM-DD-YYYY)   |                      |                 |
| Rental Expenses \$  8. Home Mortgage Interest  9. Property Taxes  10. Advertising  11. Cleaning and maintenance  | 6. Cost Of the Property   |                      |                 |
| 8. Home Mortgage Interest  9. Property Taxes  10. Advertising  11. Cleaning and maintenance  | 7. Total Rental Income Received (\$)  |                      |                 |
| 8. Home Mortgage Interest  9. Property Taxes  10. Advertising  11. Cleaning and maintenance  |   |                      |                 |
| 9. Property Taxes  10. Advertising  11. Cleaning and maintenance   | Rental Expenses   |                      | \$              |
| 10. Advertising 11. Cleaning and maintenance   | 8. Home Mortgage Interest   |                      |                 |
| 10. Advertising 11. Cleaning and maintenance   | 9. Property Taxes   |                      |                 |
| 11. Cleaning and maintenance   |   |                      |                 |
|  |   |                      |                 |
| 13 Incurance   |   |                      |                 |
| 12. Insurance  |   |                      |                 |
| 13. Utilities  |   |                      |                 |
| 4. Other (If ann)  | 14. Other (If any)  |                      |                 |
| 14. Other (II any)   | · · · · · · · · · · · · · · · · · · ·   | 1                    |                 |

6. Amount of Reimbursement by the employer (If

## Other Income:

|    | Income Type  | Taxpayer \$<br>Amount | Spouse<br>\$ Amount |
|----|--|-----------------------|---------------------|
| 1. | Self-Employment Income - Form 1099-NEC                                       |                       |                     |
| 2. | Gambling Income  |                       |                     |
| 3. | Gambling Losses (Gambling Losses Can Be Claimable Up to The Gambling Income) |                       |                     |
| 4. | Capital Gain (2024)  |                       |                     |
| 5. | Capital Loss (2024)  |                       |                     |
| 6. | Sale Of Property (Personal or Rental Property, if any)                       |                       |                     |
| 7. | 'HSA or IRA Distributions (if any)   |                       |                     |

## FBAR / FATCA:

|   | Taxpayer<br>(Yes/No) | Spouse (Yes/No) |
|---|----------------------|-----------------|
| FBAR Reporting: Did you have more than \$10,000 in your foreign accounts at any time during the tax year 2024?      |                      |                 |
| FATCA Reporting: Did you maintain more than \$50,000 in your foreign accounts at any time during the tax year 2024? |                      |                 |

FBAR: A United States (Resident Taxpayer) person who has a financial interest in or signature authority over foreign financial accounts must file an FBAR if the aggregate value of the foreign financial accounts exceeds \$10,000 at any time during the calendar year.

FATCA: FATCA requires certain U.S. taxpayers who hold foreign financial assets with an aggregate value of more than the reporting threshold (at least \$50,000)

Report Foreign Income (If any):

| Particulars              | Salary Income<br>(INR) | Dividend<br>Income (INR) | Interest<br>Income | Rental<br>Income (INR) |
|--------------------------|------------------------|--------------------------|--------------------|------------------------|
| rarticalars              | (HVIC)                 | income (iivk)            | (INR)              | meome (mvk)            |
| Payer Information        | <b>X X Y</b>           |                          |                    |                        |
| (Employer or Financial   |                        |                          |                    |                        |
| Institution Information) |                        |                          |                    |                        |
| Amount Of Foreign        |                        |                          |                    |                        |
| Income                   |                        |                          |                    |                        |
| Foreign Taxes Other      |                        |                          |                    |                        |
| Than US Taxes (If Any)   |                        |                          |                    |                        |
| Withheld                 |                        |                          |                    |                        |

Purchase of Electric / Hybrid Car in the U.S.? In 2024? (If any):

| 1. | Year Of Vehicle                            |  |
|----|--|--|
| 2. | Make Of a Vehicle                          |  |
| 3. | Model Of Vehicle                           |  |
| 4. | How Many Wheels Does the Vehicle Have?     |  |
| 5. | Vehicle Identification<br>Number           |  |
| 6. | The Date the Vehicle Was Placed in Service |  |
| 7. | Vehicle Cost                               |  |

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts

| Form 1098 (Mortgage Interest Statement)  |   | -Choose One- | <b>-</b> |
|--|---|--------------|----------|
| 1098 - T (Tuition Fees Paid In the US)   |   | -Choose One- | <b>-</b> |
| 1098 - E (Student Loan Interest Statement)   |   | -Choose One- | -        |
| 1099 - B (Proceeds from Broker and Barter Exchange Transactions) Or, Employer stock statements (Form 3921 if any)      |   | -Choose One- | <b>V</b> |
| 1099 -C (Cancellation of Debt)   |   | -Choose One- | <b> </b> |
| 1099 - DIV (Dividends and Distributions)   |   | -Choose One- | -        |
| 1099 - G (Certain Government Payments)   |   | -Choose One- | -        |
| 1099 - HC (Note: If You Are A Resident of MA State and Having<br>Health Insurance, Please Provide Form MA 1099-HC)     |   | -Choose One- | •        |
| 1099 - INT (Interest Income Statement)   |   | -Choose One- | -        |
| 1099 - K (Payment Card and Third-Party Network Transactions)   |   | -Choose One- | -        |
| 1099 - MISC (Miscellaneous Income Statement)   | 1 | -Choose One- | -        |
| 1099 - OID (Original Issue Discount)   |   | -Choose One- | -        |
| 1099 - Q (Payments from Qualified Education Programs under Sections 529 and 530)                                       |   | -Choose One- | V        |
| 1099 - R (Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAS, Insurance Contracts, Etc.) |   | -Choose One- | ✓        |
| 1099-SA (Distributions from an HSA, Archer MSA, Or Medicare<br>Advantage MSA)  |   | -Choose One- |          |
| W2 - G (Certain Gambling Winnings)   |   | -Choose One- | <b>-</b> |
| 1095 - A (Health Insurance from Market Place)  |   | -Choose One- | -        |

## Notes to Preparer:

Please elaborate on any of your tax information or include facts and positions we should be aware of to prepare your tax return.

| Also, include any inquiries you may have. |
|---|
|   |
|   |

#### Referral Program:

Please help us with the contact information of your friends, family members, and colleagues so we may offer them our esteemed tax services. Also, if they opt to file the taxes with us, we will honor you by \$10 for each paid referral.

| Name of your friends, family & colleagues | Email address | Contact numbers |
|---|---------------|-----------------|
|   |               |                 |
|   |               |                 |
|   |               |                 |
|   |               |                 |
|   |               |                 |

## Our value-added tax services at NO Cost!

- ✓ Unlimited Consultations Throughout the Year
- ✓ Audit Support on Your All Years Tax Returns
- ✓ 11 Super Quality Value Added Tax Services
- ✓ 10 Additional Benefits
- ✓ 100% Data Security
- ✓ 100% Satisfaction

Need help in tax filing for your businesses, we can be an absolute choice.

- √ Sole Proprietorship
- ✓ Partnership
- ✓ Limited Liability Company
- ✓ Business Corporation

Other tax services for businesses:

- √ Book Keeping
- ✓ Payroll Management
- ✓ Accounting
- √ Business Incorporation

It makes us happy that you chose us- We appreciate you being a loyal customer. Thank you so much, and we hope we stand up to your expectations.

Thank you!

Tax Filers Way