**Client Tax Organizer**



***Enjoy 10 FREE Tax Services besides your Tax Return Filing this 10 Years Anniversary***

# **Starting Notes:**

* *Greetings!* ***Please start filling information on Pages 2 to 9 as may be applicable to you****. You may read through* ***Page 1****to learn about our* ***"Fee Details & Referral Bonus*** *“and* ***Page 10****to learn about* ***“How AO Tax differs from other service providers? Why you should use AO Tax?”***
* If you are an ***Existing Client*** of us, we request you to fill in ***only the information that has undergone a change*** during the Tax Year 2016.
* If you are a ***New Client*** referred by someone, we request you to provide the below info so that we can honor that person with our ***Referral Bonus* @ *$10***per referral:
  + Name of the person who referred you **:**
  + Email Id/Phone Number of that person **:**
* *AO Tax offers* ***"Discounted Pricing”,*** *as against our regular pricing, for clients who enrolled for our* ***"Complete Tax Program / Employee Tax Program".*** *These clients are referred to as* ***"Corporate Clients*** *“and include Employees of* ***Accenture, Birlasoft, Cognizant, Deloitte Consulting, HCL, HP, Hexaware, IBM, Infosys, Intelligroup, ITC, Oracle, L&T, Satyam, Mahindra Satyam, Mentor Graphics, Mind Tree, National Geographic, Patni, Polaris, Syntel, TCS, Wipro, etc.****to whom we offer Discounted Tax Filing Services + 10 Value Added Services absolutely FREE****.***

|  |  |  |
| --- | --- | --- |
| **Fee Details** | **Retail Clients** | **Corporate/CTP Clients** |
| Standard Federal Return\* | **$37** | **$27** |
| Each State Return\* | **$47** | **$37** |
| Referral Bonus per Paid Client | **$10.00** | **$10.00** |
| Additional Costs | **NIL** | **NIL** |
| **\*Simple Process, Prompt Service, Straight Fees & NO Additional Costs – That’s AO Tax!**  **Filing Fees includes Error Free Tax Representation Guarantee for UNLIMITED Years at no extra cost!** | | |
| ITIN Processing (Form W7) | **FREE** | **FREE** |
| FBAR + FATCA Processing | **FREE** | **FREE** |
| Extension Filing | **FREE** | **FREE** |
| Tax Representation (in case of Audits/Notices) | **FREE** | **FREE** |

*\*\*Additional Charges apply for Itemized Deductions (Schedule A Preparation)/Nonresident Spouse Election/Income Tax Return/Business Income not more than $97*

* We now encourage you to fill in the following details that would help our Tax Experts analyze your current tax position and offer the most economic, efficient and effective tax saving solution. We thank you for your interest in availing our services. We assure you the BEST of our services at all times.

[**Ctrl + Click to add us on LinkedIn**](http://www.linkedin.com/in/nandakumarkv)

[**Ctrl + Click to add us on Facebook**](http://www.facebook.com/#!/profile.php?id=100000588234372)

Very Sincerely,

**AO Tax – Planning Team**

Phone: **703 584 5533 Ext 201-205** |Fax: 703-991-0587

Email: [clientsupport@aotax.com](mailto:clientservices@aotax.com) | Web: [www.aotax.com](http://www.aotax.com/)

# **Personal Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Particulars*** | ***Primary Taxpayer***  ***(as per SSN)*** | ***Spouse***  ***(as per SSN/Passport)*** | ***Child 1*** | ***Child 2*** | ***Any other dependent*** |
| First Name | Gnana Prakash Reddy | MadhaviLatha | Mokshaditya |  |  |
| Middle Name |  |  |  |  |  |
| Last Name | Arlagadda | Arlagadda | Arlagadda |  |  |
| Date of Birth *(mm/dd/yy)* | 06/01/1967 | 06/11/1974 | 10/23/2011 |  |  |
| SSN/ITIN |  |  |  |  |  |
| How are you related to Primary Taxpayer? |  |  |  |  |  |
| Visa Type as on Dec 31, 2016 | H1B | H4 | H4 |  |  |
| Was there any change in the Visa Status during 2016? Mention dates | No |  |  |  |  |
| Marital Status as on Dec 31, 2016 | Married |  |  |  |  |
| Date of Marriage*(mm/dd/yy)* | 08/16/2009 |  |  |  |  |
| Current Address | 11150 4th Street North, APPT#4408, St.Petersburg, FL-33716 |  |  |  |  |
| First Port of Entry Date into US *(mm/dd/yy)* | 02/24/2016 | 10/28/2016 | 10/28/2016 |  |  |
| No. of months stayed in US during 2016 | 10 | 2 | 2 |  |  |
| Will you stay in US for more than 6 months in 2017?  (*Write* **Yes** *or* **No**) | yes | yes | yes |  |  |
| Home Number |  |  |  |  |  |
| Cell Number | 5713951882 |  |  |  |  |
| Work Number *(With Extension)* |  |  |  |  |  |
| Email Id | Arlagadda.prakash@gmail.com |  |  |  |  |

**Note:** Please enter the name exactly as it appears on the SSN/ITIN. Add columns for more dependents. If you do not have an SSN for your Spouse/Dependents, we can apply for ITIN **free of cost.** For assistance on ITIN application, please contact us on 703-584-5533 or write to [clientservices@aotax.com](mailto:clientservices@aotax.com).

**Bank Details:**

|  |  |
| --- | --- |
| **(For Direct Deposit of Refund / Auto Withdrawal of Owe Amount)** | |
| Bank Name |  |
| Routing Number (**Electronic Only**) |  |
| Account Number |  |
| Account Type (Savings/Checking) |  |
| Account Owner Name |  |

**Note:** \*You can give the bank information after payment as well. It is not mandatory as of now.

# **Residency Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Tax Year*** | ***Taxpayer (mm/dd/yy)*** | | ***Spouse (mm/dd/yy)*** | |
| ***States Resided*** | ***Period of Stay***  *(From Date & To Date/Till Date)* | ***States Resided*** | ***Period of Stay***  *(From Date & To Date/Till Date)* |
| ***2016*** |  |  |  |  |
| ***2015*** |  |  |  |  |
| ***2014*** |  |  |  |  |
| ***2013*** |  |  |  |  |

**Note:** Please provide the residency details properly for ALL the tax years listed above. This will help our Tax Experts to determine your correct "Residential Status" and check if we can go back and work on your previous year tax returns to get you any additional refund that you missed out. If you have not stayed in US in any of the above years, please write "N/A" which means "Not Applicable".

# **For Iowa/Massachusetts Residents Only:**

|  |  |  |
| --- | --- | --- |
|  | **Taxpayer (Yes/No)** | **Spouse (Yes/No)** |
| Did you or your Spouse file an Iowa Income Tax Return last year? If YES - Provide last year federal tax return |  |  |
| Are you or your Spouse covered by Massachusetts Health Insurance? If YES - Provide Form 1099-HC |  |  |

**Note:** Ignore this section if you were never a Resident of Iowa/Massachusetts

# **Employment Details:**

|  |  |  |
| --- | --- | --- |
|  | **Taxpayer** | **Spouse** |
| Name of the Employer |  |  |
| Employer Location (City, State) |  |  |
| Designation |  |  |
| Occupation/Domain |  |  |
| Employment Start Date |  |  |
| Employment End Date |  |  |
| Visa Status |  |  |
| Do you work at ***Employer Location*** (or) at ***Client Location*** on projects/assignments? |  |  |

**Note:** Copy & paste the above table if you have more than one employer during Tax Year (TY) 2016.

# **Details of Expenses Incurred While Working on Client Project:**

(Fill this only if you/your spouse are/were working at **C**lient **L**ocation and NOT **E**mployer **L**ocation)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Particulars*** | ***Taxpayer*** | | ***Spouse*** | |
| ***Client Project 1*** | ***Client Project 2*** | ***Client Project 1*** | ***Client Project 2*** |
| *Client Name* |  |  |  |  |
| *Client Project Location (City, State)* |  |  |  |  |
| *Project Start Date in US (mm/dd/yy)* |  |  |  |  |
| *Project End Date in US (mm/dd/yy)* |  |  |  |  |
| *Monthly Rent (including utilities)* |  |  |  |  |
| *Daily Meal Expense* |  |  |  |  |
| *Monthly Transport Charges (if not using own car)* |  |  |  |  |
| ***One-way*** *distance between your Home & Client Location* |  |  |  |  |
| ***One-way*** *distance between your Employer Location & Client Location* |  |  |  |  |
| *Expenses incurred to visit your Employer Location* |  |  |  |  |

**Note: Project Start Date** is the date you exactly commenced the project. This can be found from the **Deputation Letter/Transfer Memorandum** issued by your Employer while deputing you on this project. **Project End Date** is the date you completed the project. If you are still working, please write ‘**Till Date’** in the Project End Date. As regards Rent, enter only the amount paid by **you**.Enter expenses amount only to the extent **not reimbursed** by your Employer. If your Annual Pay/Wages is so structured that your Employer pays Deputation Allowance towards your Conveyance, Meals and Lodging& Other Incidental Expenses during the period of your deputation at the Client Project in US, then it is not permissible for you to claim the above Employee Business Expenses on your Tax Return. Any Unreimbursed Job Related Expenses can be claimed only on **Temporary Assignments** (which is expected to last for 12 Months or Less). For any clarifications, you can talk to us or go through IRS Publication 463 # [**http://www.irs.gov/pub/irs-pdf/p463.pdf**](http://www.irs.gov/pub/irs-pdf/p463.pdf)

# **Relocation Expenses:**

(Enter Airfare + Transportation Charges + Onward Meals & Tips + Boarding & Lodging (up to 7 days) + Packing Charges **to the extent not reimbursed by your Employer** though incurred by you)

|  |  |
| --- | --- |
| ***Type of Relocation*** | ***Amount of Expense Incurred (Only for Yourself)*** |
| *a) Have you moved/relocated from one CL to another CL during the TY 2016?* |  |
| *b) Have you moved/relocated from EL to CL during the TY 2016?* |  |
| *c) Have you moved/relocated from one EL to another EL during the TY 2016?* |  |
| *d) Have you moved/relocated from India to US during the TY 2016 for the purpose of employment?* |  |

**Note:** The moving distance between the two locations must be **at least 50 Miles** as per the IRS. **EL** stands for **Employer Location** and **CL** stands for **Client Location**.Enter expenses amount only to the extent not reimbursed by your Employer.

# **Other Professional/Job Related Expenses:**

(Enter only expenses incurred **during 2016**to the **extent not reimbursed** by your Employer)

|  |  |  |
| --- | --- | --- |
| ***Expense Type*** | ***Taxpayer $ Amount*** | ***Spouse***  ***$ Amount*** |
| *a) Cost of Professional Books & Supplies* |  |  |
| *b) Cost of Professional Membership Subscription* |  |  |
| *c) Cost of Professional Magazines* |  |  |
| *d) Uniform Expenses (For Attorneys/Doctors/similar professionals)* |  |  |
| *e) Name, Cost & Month you bought the asset for work purposes* |  |  |
| *f) Internet Charges* ***per month*** |  |  |
| *g) Cell Phone Charges* ***per month*** |  |  |
| *h) Job Training or Higher Education Expenses* |  |  |
| *i) Parking and Toll Fees, if any paid on Client Locations* |  |  |
| *j) Employment Visa Processing Fees (including Attorney Fees)* |  |  |
| *k) Last Year Tax Preparation Fees* |  |  |
| *l) Job Hunting Expenses* |  |  |
| *m) Home Mortgage Interest & Points (For property in US) - Provide Form 1098 - Enter only the Interest Amount not your EMI* |  |  |
| *n) Property Taxes (For property in US)* |  |  |
| *o) Home Mortgage Interest (For property in India/Foreign Country) - Please mention Bank Name, Bank Address & Interest Amount in USD - Provide only Interest Amount not your EMI* |  |  |
| *p) Property Taxes (For property in India)* |  |  |
| *q) Student Loan Interest Paid in US - Provide Form 1098-E* |  |  |
| *r) Tuition Fees Paid in US - Provide Form 1098-T* |  |  |
| *s) Contributions to Traditional IRA (Individual Retirement Account) - This is not 401K provided by your Employer. If Roth IRA, please mention Roth IRA* |  |  |
| *t) Contributions to HSA (Health Savings Account) - Provide Supporting Doc* |  |  |
| *u) Safe Deposit Box Rental / Margin Interest on Stocks* |  |  |
| *v) Educator Expenses (if you/your spouse is a Teacher/Faculty)* |  |  |
| *w) Medical Expenses (Read Note Below)* |  |  |
| *x) State Income Taxes Paid at the time of filing your* ***2015 Tax Return****- Provide 2015 Tax Return* |  |  |
| *y) Cost of Energy Saving Equipment (E.g. Solar Water Heater, Boiler, Skylights, Electric Heat Pump, Natural Gas Propane, Metal Roofing, Wooden Furnace, etc.) - Mention Equipment Purchased & Cost* |  |  |
| *z) Any other expenses not listed above* |  |  |

**Note:** If you are married and spouse was due for maternity during 2016, recollect if there was any trip made by your parents or in-laws or (or other relative) for maternity purposes. If **Yes** - Please fill the Visa Processing Fees, Round Trip Airfare Fees and Visitor Medical Insurance incurred for only **ONE Person** who assisted in your Spouse maternity. You may also claim this person as Dependent on your tax return if her stay in US was more than 6 months during 2016 and apply for her ITIN if she did not have a valid SSN.

# **Vehicle Information:**

|  |  |
| --- | --- |
|  |  |
| *a) Have you owned any Vehicle during the Tax Year 2016?* | *Yes* |
| *b) Is this a Hybrid or Alternative Motor Vehicle or Electric Vehicle?* | *Alternative Motor* |
| *c) Was the Vehicle used for travel to* ***Client Locations?*** |  |
| *If used at Client Locations - Please provide the following information:* |  |
| *1) Make & Model of the Vehicle* |  |
| *2) Purchase Date* |  |
| *3) Cost Price* |  |
| *4) Total Mileage during Tax Year 2016(See Car Odometer)* |  |
| *5) One-way commuting distance between Home & Client Location* |  |
| *6) Sales & Excise Tax paid on the vehicle bought in Tax Year 2016* |  |

# **Child & Dependent Care Expenses:**

|  |  |
| --- | --- |
| **(Example: Day Care Expenses, Preschool/Nursery Expenses, etc. if Spouse WORKING or FULL TIME STUDENT)** | |
| *a. Name of the Dependent for whom these expenses were incurred* |  |
| *b. Name of the Institution/Person to whom the amount was paid* |  |
| *c. Federal ID/SSN of the Institution/Person to whom the amount was paid* |  |
| *d. Address of the Institution (Street Address, City, State, Zip code)* |  |
| *e. Amount of Expenditure Incurred* |  |
| *f. Amount reimbursed by the Employer, if any* |  |

# **Charitable Contributions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.no** | **Name of the Charitable Institution** | **Amount Donated** | **Property Donated & its Fair Market Value (FMV) on the date of contribution** | **No. of Trips in the year X One way distance Home and the Charitable Institution** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |

**Note:** Please maintain Receipts to support your claims.

# **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:** If you have more than 20 Transactions, please send us the sale & purchase details in an excel sheet with columns listed above. Please note that you may be charged $5 for each extra page of your Schedule D while the first page is FREE. 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!

# **First Time Home Buyer Credit:**

|  |  |
| --- | --- |
|  | ***(Yes/No)*** |
| *a. Have you purchased (or) entered into a binding contract to buy a home* ***in US*** *after April 8th, 2009 but before May 1st, 2010?* |  |
| *b. Is this the first home that you bought in US?* |  |
| *c. Is this home used for* ***your*** *principal residence purposes?* |  |
| *d. Have you owned a main home at any time during the three years immediately preceding the date of purchase of current home?* |  |
| *e. Enter the cost price of such home* |  |
| *f. Did you claim any First Time Home Buyer Credit on 2008 return? If yes, please mention the amount you claimed. Some taxpayers are required to repay the credit claimed in 15 tax years.* |  |

# **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 2016* 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. *Cost of the property* |  |
| 1. *Rental Income received* |  |
| 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* |  |  |  |  |

# **For FBAR/FATCA:** Ctrl + Click to [**AO Tax-FBAR & FATCA Presentation**](http://www.aotax.com/docs/AO_Tax_FBAR_FATCA_Presentation.pptx)

|  |  |  |
| --- | --- | --- |
|  | **Taxpayer (Yes/No)** | **Spouse (Yes/No)** |
| Did you have more than $10,000 in your Foreign Accounts at any time during the Tax Year 2016? |  |  |
| Did you have more than $50,000 in your Foreign Accounts at any time during the Tax Year 2016? |  |  |

**Note:** You may have to file **FBAR (Foreign Bank Account Report)** before April 18, 2017 if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded **$10,000** at any time during the tax year 2016. You may have to file **FATCA (Foreign Account Tax Compliance Act)** before April 18, 2016 with your tax return if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded **$50,000** at any time during the tax year 2016. **FinCEN** will grant filers failing to meet the FBAR annual due date of April 15 an automatic extension to October 15 each year.  Accordingly, specific requests for this extension are not required.

# **Please Upload/Fax/Email the Following Tax Docs along with This Organizer:**

|  |
| --- |
|  |
| * ***Duly Filled in Tax Organizer of 2016 (mandatory)*** |
| * ***Latest Paystub of Tax Year 2016 (mandatory)*** |
| * ***Wage Income – Form W2/Corrected W2 (mandatory)*** |
| * ***Last Year Federal & State Tax Return (mandatory)*** |
| * ***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 2016)*** |
| * ***Student Loan Interest – Form 1098-E& Tuition Statement - Form 1098-T*** |
| * ***Home Mortgage Interest – Form 1098*** |
| * ***Estimated Tax Payments – Form 1040ES*** |

# **Notes to Tax Preparer:**

|  |
| --- |
| *If you wish to give any additional 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.

# **Health Coverage**

The fee for not having health coverage is calculated one of 2 ways. If you or your dependents don’t have insurance that qualifies as [minimum essential coverage](https://www.healthcare.gov/fees-exemptions/plans-that-count-as-coverage/) you'll pay either a percentage of your household income or a flat fee -- whichever is higher.

**If you don’t have coverage in 2016**, you’ll pay the fee **higher** of these two amounts when you file your 2016 federal tax return:

* **2.5% of your yearly household income.** (Only the amount of income above the tax filing threshold, about $10,300 for an individual, is used to calculate the penalty.) The maximum penalty is the national average premium for a bronze plan.
* **$695 per person for the year ($347.50 per child under 18).** The maximum penalty per family using this method is $2085.

**Provide the below documents (whichever is applicable) for Health Coverage Requirements:**

* Form 1095-A, Health Insurance Marketplace Statement
* Form 1095-B, Health Coverage
* Form 1095-C, Employer-Provided Health Insurance Offer and Coverage.

For more information on health coverage, please visit <https://www.healthcare.gov/> or call our Office.

# **Refer Your Friends/Colleagues:**

We thank you for investing your time in filling this Tax Organizer and we request you to kindly offer us the privilege of serving the tax planning and filing needs of your ***friends/colleagues/employee group*** for the Tax Year 2016.

We would be pleased to honor you with a Referral Bonus ***@ $10*** per referral. Please enter their Names & Contact Details below.

|  |  |  |
| --- | --- | --- |
| **Name of your Friend/Colleague** | **Email Id** | **Contact Number** |
|  |  |  |
|  |  |  |
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To know more about our services, you may simply call us at **703-584-5533** or send an email to [clientservices@aotax.com](mailto:clientservices@aotax.com), so that one of our Tax Experts can contact you and advice on various tax saving tools applicable to you.

We assure you of our best talent and service at all times.

Very Sincerely,

**AO Tax - Planning Team**

**Advantage One Tax Consulting Inc.**

20610, Quarter path Trace Circle, Sterling, VA 20165

**Office:** 703-584-5533/4624 Ext 201-205 |**Fax:** 703-991-0587

**Web:** [**www.aotax.com**](http://www.aotax.com)**|Email:** [**clientservices@aotax.com**](mailto:clientservices@aotax.com)**|GTalk:** [**aotaxhelp@gmail.com**](mailto:aotaxhelp@gmail.com)

**How AO Tax differs from other service providers like HR Block, Turbo Tax, your CPA, etc.? Why use AO Tax not any online Tax Filing Service?**

**AO Tax Vs Turbo Tax/Online Portals Vs H&R Block/Local CPA**

|  |  |  |  |
| --- | --- | --- | --- |
| Differentiating Factor | AO Tax | Turbo Tax /Online Portals | H&R Block/Local CPA |
| Standard Return | **$27.99 Only** | Starts @ $34.95 | $100+ |
| Itemized Deductions (Sch-A) | **$97.99 Only** | Starts @ $99.95 | 10%+ on Refund |
| Each State Return | **$37 Only** | Starts @ $39.95 | $50+ |
| Advance Tax Planning Services for Current Year | **FREE** | -- | Available at Charge |
| Last 3 Years Tax Return Evaluation Services | **FREE** | Available at Charge | Available at Charge |
| Tax Representation Services/Audit Support | **FREE** | Available at Charge | Available at Charge |
| ITIN Processing (Form W7 for Spouse/Kids/Dependents) | **FREE** | -- | Starts @ $19.95 |
| FBAR & FATCA Processing | **FREE** | -- | Starts @ $39.95 |
| Extension Filing (For Federal/State) | **FREE** | Some offer for FREE | Available at Charge |
| Certifying Acceptance Agent Certification for ITIN Purposes | **FREE** | Available at Charge | Starts @ $39.95 |
| Discussion with Tax Expert | **FREE** | Support Assistance Available | Yes |
| Managed Hosting Services | **FREE** | -- | Available at Charge |
| Tax Consultation on Business Incorporation/Other Aspects | **FREE** | -- | Available at Charge |
| Post Tax Filing Assistance | **FREE** | -- | Yes |
| **Total Estimated Cost** | **$64\*** | **$75-$200** | **$150-$400** |
| Referral Bonus per client | **$10** | **--** | May be Available |

\*Note: For Standard Returns. *Additional Charges apply for:*

*Itemized Deductions (Schedule A Preparation)/Income Tax Return/Business Income not more than $99.99 ($129.99 for Retail Clients)*

*Nonresident Spouse Election not more than $69.99 ($99.99 for Retail Clients)*

[**AO Tax**](https://www.aotax.com/) **is Less Expensive than** **H&R Block, Turbo Tax or your Local CPA!!!**

**We will offer you up to 10% discount if you find any challenges in OUR Knowledge Practice/Service Responsiveness Vs Your Service Provider!**

**General Notes to Taxpayers:**

# **Record Keeping**

1. For every deduction that you are claiming on your tax return towards Itemized Deductions make sure you maintain appropriate proof of payment (that may include receipts, cancelled checks, bank and/or credit card statements).
2. If you get an audit on account of your Unreimbursed Employee Business Expenses deduction on your tax return, do not panic! You may just have to provide the following additional information to the IRS:
3. A letter from your employer stating the company’s reimbursement policy, including the amount submitted and received from reimbursement of expenditure.
4. An explanation of your job and business purpose for incurring expenses claimed.
5. For Vehicle expense include your odometer reading for the beginning and end of the year, vehicle ownership information and:
6. Your mileage log or other written means of track of each location you drove to for business
7. If the actual expense method was used, also include receipts and bills for insurance, gas, repairs, and depreciation schedule for each vehicle include an employee business expense.
8. A travel log, itinerary, or other documentation verifying the date and business purpose of travel and all lodging receipts for each stay away from home overnight.
9. Receipts for all meals or a calculation of per diem meals, entertainment, or gifts.
10. At least one detailed phone bill and verification of payment for each phone, cell phone, or internet service included as business expense.
11. Receipts of education expense, including the business purpose.
12. A list of all other expenses included as other business expenses and the verifying receipts and substantiation.
13. The worksheet for business use of home with verification of all expenses included

It is very important you organize all documentation in an orderly manner for all future record purposes. You must clearly show how all records you maintain correspond to the amounts claimed on your return. If you fail to maintain proper records, you may have to pay additional taxes including interest and penalties in the event of audit.

For any further clarification, please feel free to contact our Office. Thank you.

We assure you of our best talent and service at all times.

Very Sincerely,

**AO Tax - Planning Team**

**Advantage One Tax Consulting Inc.**

20610, Quarter path Trace Circle, Sterling, VA 20165

**Office:** 703-584-5533/4624 Ext 201-205 |**Fax:** 703-991-0587

**Web:** [**www.aotax.com**](http://www.aotax.com)**|Email:** [**clientservices@aotax.com**](mailto:clientservices@aotax.com)**|GTalk:** [**aotaxhelp@gmail.com**](mailto:aotaxhelp@gmail.com)