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**Web:[www.Taxredeem.com](http://www.Taxredeem.com)| Email:**[**info@taxredeem.com**](mailto:info@taxredeem.com) **|Phone:302-918-0027**

**Tax Organizer – 2017**

WELCOME to Taxredeem. We're looking forward to helping you handle all your tax needs more quickly and easily. You can now enjoy our **Value Added Services** with **Discounted Rates for your Tax Filing**.

**Value Added Services**: IRS AUDIT Representation,ITIN Processing for your Spouse/Dependents,Extension Filing ,Tax Planning, W4 Assistance, Amendment Filing, FBAR Processing, FATCA Processing, Payroll Services, Personal & Business Services, Tax Return Evaluation,City or Local Tax Preparation & Filing

**Our Primary Goals:**

* Commitment to our values
* Integrity
* Legal Compliance
* Knowledge Demonstration
* Constant innovation and process improvements
* Security of your records
* 100% Repeat business
* Practical and professional outlook
* Quality assurance & Client Satisfaction
* High standards of professional service

**Refer & Earn :**

You can now save hundreds of dollars on your tax preparation bill by just recommending our services to your friends/colleagues/neighbours for filing their tax returns with Tax redeem. We would be pleased to honour you a referral bonus of $10 on each paid referral.



Please provide all required details which are applicable to you. This tax organizer helps us to 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal Information: | | | | |
| **Particulars** | **Tax payer** | **Spouse** | **Dependent 1** | **Dependent 2** |
| **First Name** | Rambabu | Divya |  |  |
| **Middle Name** |  |  |  |  |
| **LastName** | Viswanadhapalli | Viswanadhapalli |  |  |
| **Relation with Tax Payer** |  |  |  |  |
| **SSN/ITIN** | 801-30-8985 |  |  |  |
| **Date of Birth(MM/DD/YY)** | 06/29/1989 |  |  |  |
| **Occupation** | Software Developer |  |  |  |
| **Home Number** |  |  |  |  |
| **Cell Number** | 989-854-9479 |  |  |  |
| **Email Id** | Rambabu2906@gmail.com |  |  |  |
| **Current Address** | 5303 Hamilton Wolfe Rd, Apt#510,  San Antonio, Tx-78229 |  |  |  |
| **Marital Status as on Dec 31,**  **2017(Single or Married)** | Married |  |  |  |
| **Date Of Marriage**  **(mm/dd/yy)** | 08/10/2016 |  |  |  |
| **Visa Type as on Dec 31st** | F1-OPT |  |  |  |
| **Was there any change in the Visa status during 2017? Mention dates** | F1-OPT Status  06/19/2017 – till date |  |  |  |
| **First port of Entry Date into US(mm/dd/yy)** | 01/05/2016 |  |  |  |
| **No. of Months stayed in US during 2017** | 12 months |  |  |  |
| **Will you stay in US for more than 6 months in 2018?** | yes |  |  |  |

**Note: Please enter the name exactly as it appears on the SSN/ITIN.**

**Child & Dependent Care Expenses:**

**Example: Day Care Expenses, Preschool/Nursery Expenses, etc. if both (spouse & taxpayer) working**

|  |  |  |
| --- | --- | --- |
| **Name of the Dependent for whom these expenses were incurred** |  |  |
| **Name of the Institution/Person to whom the amount was paid** |  |  |
| **Federal ID/SSN of the Institution/Person** |  |  |
| **Address of the Institution (Street Address, City, State, Zip code)** |  |  |
| **Amount of Expenditure Incurred** |  |  |
| **Amount reimbursed by the Employer, if any** |  |  |

**Note: Enter the below details only if Spouse is working or Full time student or Disabled.**

|  |  |
| --- | --- |
| **Health care information:** | |
| **Are you and Your Family members covered under Health Coverage Under Federal laws???Mandatory (YES/NO)** |  |
| **If not please specify for whom and for how many months**  **it was not covered** |  |
| **Health Insurance Purchased from Market place or Employer?**  **If purchased from Market Place provide form 1095A**  **If Purchased from Employer Provide Form 1095C** |  |
| **Note: If you are a Resident of MA State and Having Health Insurance, please provide Form MA 1099-HC** |  |

**Residency Details for States:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tax Year** | **Taxpayer** | | **Spouse** | |
| **States Resided** | **Period of stay**  **(From date to date(mm/dd/yy)** | **States Resided** | **Period of stay**  **(From date to date(mm/dd/yy)** |
| **2017** | Michigan  Texas | 01/17/2016-05/13/2017  05/14/2017-12/31/2017 | Not In USA for 2017 |  |
| **2016** | Michigan  India(Country) | 01/05/2016-12/17/2016  12/17/2016-12/31/2016 | Not In USA for 2017 |  |
| **2015** |  |  |  |  |

**Employment Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Taxpayer** | | **Spouse** | |
| **Particulars** | **Employer-1** | **Employer-2** | **Employer-1** | **Employer-2** |
| **Name of the Employer** | Central Michigan University |  |  |  |
| **Employer Location (City, State)** | Mount Pleasant, Micigan |  |  |  |
| **Employment Start Date** |  |  |  |  |
| **Employment End Date** |  |  |  |  |
| **Do you work at Employer Location (or) Client Location** |  |  |  |  |

**Project Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Client Project 1 of TP** | **Client Project 2 of TP** | **Client Project 1 OF SP** | **Client Project 2 of SP** |
| **Client Name** |  |  |  |  |
| **Client Project Location (City, State)** |  |  |  |  |
| **Project Start Date in USA(MM/DD/YY)** |  |  |  |  |
| **Project End Date (MM/DD/YY)** |  |  |  |  |

**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.**

**Expenses Incurred While Working on Client Project:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Project 1 of TP** | **Project 2 of TP** | **Project 1 of SP** | **Project 2 of SP** |
| **Monthly Rent (your portion of amount)** |  |  |  |  |
| **Daily Meal Expense** |  |  |  |  |
| **One-way commuting distance between your Home & Client Location** |  |  |  |  |
| **One-way commuting distance between your Employer Location & Client Location** |  |  |  |  |
| **Mode of commuting (If own car fill**  **vehicle Info)** |  |  |  |  |
| **Monthly Transport Charges (if not using own car)** |  |  |  |  |
| **Internet Charges per month** |  |  |  |  |
| **Cell Phone Charges per month** |  |  |  |  |
| **Parking & Toll fees, if any paid on**  **client Locations** |  |  |  |  |
| **Expenses incurred to visit your EL** |  |  |  |  |
| **Any of these exp re-imbursement by employer** |  |  |  |  |

**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, 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 clarification and Record Keeping, you can talk to us or go through IRS Publication 463 # **<http://www.irs.gov/pub/irs-pdf/p463.pdf>**

**Vehicle Information:**

|  |  |  |
| --- | --- | --- |
| **Have you owned any Vehicle during the Tax Year 2017?** | **No** |  |
| **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 TY 2017 (See Car Odometer)** |  |  |
| **5)One-way commuting distance between Home & Client Location** |  |  |
| **6)Sales & Excise Tax paid on the vehicle bought in TY 2016** |  |  |

**Relocation Expenses:**

|  |  |  |
| --- | --- | --- |
| **Have you moved/relocated from one CL to another CL / EL to CL / EL to EL during the TY 2017?** |  |  |
| **Distance between the old home and new project** |  |  |
| **Travelling expenses** |  |  |
| **Stay expenses(lodging or boarding expenses)** |  |  |
| **Expenses incurred for Moving Household goods** |  |  |
| **Any of these expenses reimbursed by employer** |  |  |

**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. (Enter Airfare + Transportation Charges + Onward Meals & Tips + Boarding & Lodging (up to 7 days) + Packing Charges).

**Purchased any Assets for professional use (Laptop etc.):**

|  |  |  |
| --- | --- | --- |
| **Name of Asset** |  |  |
| **Cost** |  |  |
| **Purchase Date** |  |  |
| **Percentage of use for Office** |  |  |

**Medical Expenses:**

|  |  |
| --- | --- |
| **Health Insurance** |  |
| **Cost of Prescriptions** |  |
| **Hospital fees** |  |
| **Medical Equipment** |  |
| **Medical Miles** |  |

**Note: If you are married and spouse was due for maternity during 2017, recollect if there was any trip made by your parents or in-laws or (or other relative) for maternity purposes.**

**One person who assisted in your Spouse maternity:**

|  |  |
| --- | --- |
| **Name of the Dependent** |  |
| **Relation with Tax Payer** |  |
| **Entry and Exit date** |  |
| **Visa Processing Fees** |  |
| **Round Trip Airfare Fees** |  |
| **Medical Insurance incurred** |  |

**Charitable contribution (Note: Receipt is Mandatory):**

|  |  |  |
| --- | --- | --- |
| **Name of the Charitable Institution** |  |  |
| **Amount Donated** |  |  |
| **Property Donated &it’s Fair Market Value (FMV) on the date of contribution** |  |  |
| **Total Miles Travelled for the charity purpose (Temple visit etc.)** |  |  |

**Other Professional& Personal /Job Related Expenses:**

**(Enter only expenses incurred during 2017 to the extent not reimbursed by your Employer)**

|  |  |  |
| --- | --- | --- |
|  | **Taxpayer**  **$Amount** | **Spouse**  **$Amount** |
| **Last Year Tax Preparation Fees** |  |  |
| **Previous year State and local Income Tax Due paid (Provide 2016 Tax Return)** |  |  |
| **Home Mortgage Interest paid in USA/ Foreign**  **(only Interest Amount not Principal and Provide Supporting Document 1098 if paid in USA or any other if paid in foreign)** |  |  |
| **Property Taxes Paid in USA/ Foreign** |  |  |
| **Student Loan Interest Paid** |  |  |
| **Safe Deposit Box Rental** |  |  |
| **Job Hunting Expenses** |  |  |
| **Job Training or Higher Education Expenses** |  |  |
| **Cost of Professional Books & Supplies** |  |  |
| **Cost of Professional Membership Subscription** |  |  |
| **Cost of Professional Magazines** |  |  |
| **Employment Visa Processing Fees(including Attorney Fees)** |  |  |
| **Name and Cost of Energy Saving Equipment Purchased (E.g. Solar Water Heater, Boiler, Skylights, Electric Heat Pump, Natural Gas Propane, Metal Roofing, Wooden Furnace, etc.)** |  |  |
| **Any other expenses not listed above** |  |  |

**HSA / IRA Contrubutions:**

|  |  |  |
| --- | --- | --- |
| **Expense Type** | **Taxpayer**  **$Amount** | **Spouse**  **$Amount** |
| **a) Contributions to HSA (Health Savings Account) - Provide Supporting Document** |  |  |
| **b) Contributions to Traditional IRA (Individual Retirement Account) – (This is not 401K or Roth IRA) Provide Supporting Document** |  |  |

**Education Expenses:**

|  |  |  |
| --- | --- | --- |
| **Expense Type** | **Taxpayer**  **$Amount** | **Spouse**  **$Amount** |
| **c) Student Loan Interest Paid in US - Provide Form 1098-E** |  |  |
| **d) Tuition Fees Paid in US - Provide Form 1098-T** |  |  |

**First Time Home Buyer Credit:**

|  |  |
| --- | --- |
| 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):**

|  |  |  |
| --- | --- | --- |
| **Property Type? (Residential/Commercial)** |  |  |
| **Location/Address** |  |  |
| **Specify the following:** |  |  |
| **No. of months rented in year 2016** |  |  |
| **No. of months you used for personal purpose** |  |  |
| **Property is owned by (Taxpayer/Spouse/Joint)** |  |  |
| **Date this property was purchased (MM/DD/YY)** |  |  |

**Income Details:**

|  |  |  |
| --- | --- | --- |
| **Did you received any Interest** |  |  |
| **Did you received any Dividends** |  |  |
| **Did you received any Income from sale of stocks** |  |  |
| **Did you received any Refund from state/local last year** |  |  |
| **Self-employment Income** |  |  |
| **Any other income** |  |  |

**Foreign Income & Expenses (If Any):**

|  |  |  |
| --- | --- | --- |
| **Type of income** |  |  |
| **Foreign Income from which source** |  |  |
| **Amount of Foreign Income** |  |  |
| **Foreign Taxes (if any) withheld** |  |  |

# Foreign Bank Account Reporting (FBAR) & Foreign Account Tax Compliance Act (FATCA):

|  |  |  |
| --- | --- | --- |
|  | **Account-1** | **Account-2** |
| **FBAR**  **Did you transfer $10,000 or more to foreign Account(India or anywhere)** |  |  |
| **FATCA**  **Do you have any foreign Assets/Accounts value more than $75,000** |  |  |
| **A/c Belongs to** |  |  |
| **Bank name** |  |  |
| **Address** |  |  |
| **city** |  |  |
| **state** |  |  |
| **Maximum value in the A/c** |  |  |
| **A/c No** |  |  |
| **Type of account** |  |  |
| **Fixed Deposit Amount at Foreign Country** |  |  |
| **Value of Assets at Foreign Country**  **(Buildings and Lands )** |  |  |

**Note: if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceed $10,000 at any time during the tax year 2017 then its mandatory to report FBAR and if assets exceed $75,000 need to file FATCA also.**

**BANK DETAILS:**

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Routing Number (Electronic)** |  |
| **Account Number** |  |
| **Account Type (Savings/Checking)** |  |
| **Account Owner Name** |  |

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

|  |
| --- |
| **Duly Filled in Tax Notes of 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** |
| **Student Loan Interest – Form 1098-E& Tuition Statement - Form 1098-T** |
| **Home Mortgage Interest – Form 1098** |
| **Estimated Tax Payments – Form 1040ES** |

# NOTESTO TAX CONSULTANT: If you want to mention any other points which are not described above, please mention here:

|  |
| --- |
|  |
|  |
|  |
|  |

**Referral Bonus:**

**We would be pleased to honor you with a Referral Bonus of $10for each paid client referral. Please enter their Names & Contact Details below/update on our website.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Email ID** | **Contact Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Dear Taxpayer -

**Once again thank you very much for investing your time in filling this tax document. We will estimate your tax returns and share you the draft copy of your tax returns for your review in next 24 hours. Appreciate your patience until such time.**

**TAX REDEEM**

**16192 COASTAL HIGHWAY, LEWES, DELAWARE-19958**

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