

Tax Organizer-2024



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General Information

Particulars	Primary Tax Payer	Spouse	Children 1	Children 2	Other Dependent
First Name (as per SSN)					
Middle Name					
Last Name					
Date Of Birth (MM-DD-YY)					
SSN/ITIN					
Relationship With Primary Taxpayer?					
Visa Category on December 31 st , 2024?					
Change in 2024? If yes, then mention visa change dates?					
Country Of Citizenship					
Marital Status (As on Dec 31, 2024)?					
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 Stayed in The U.S. During 2024?					
Will You Stay in The U.S.? For More Than 6 Months In 2025? (Yes/No)					

States (US) of Residency

Tax Year	State	Taxpayer		State	Spouse	
		From (MM/DD/YY)	To (MM/DD/YY)		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:

(For Deposit of Refund / Auto Withdrawal of Owe Amount)

Bank Name	
Account Number	
Routing Number (Electronic Only)	
Account Type (Savings/Checking)	
Account Owner Name	

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 Stayed

Charitable Contributions (Calendar 2024):

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

Child and Dependent Care Expenses:

(Day-Care Expenses Can Be Claimed If Your Spouse Is 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	

6. Amount of Reimbursement by the employer (If any)	
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HSA / IRA Contributions:

Expense Type	Taxpayer \$Amount	Spouse \$Amount
1. Contributions To HSA - (Health Savings Account) - Provide Supporting Document Form 5498-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 5498		

Type Of Expenses	Taxpayer \$ Amount	Spouse \$ Amount
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.		
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.		

Particulars	Details
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 (\$)	

Rental Expenses	\$
8. Home Mortgage Interest	
9. Property Taxes	
10. Advertising	
11. Cleaning and maintenance	
12. Insurance	
13. Utilities	
14. Other (If any)	

Other Income:

Income Type	Taxpayer \$ Amount	Spouse \$ 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)		

	Taxpayer (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?		

Particulars	Salary Income (INR)	Dividend Income (INR)	Interest Income (INR)	Rental Income (INR)
Payer Information (Employer or Financial Institution Information)				
Amount Of Foreign Income				
Foreign Taxes Other Than US Taxes (If Any) Withheld				

1. Year Of Vehicle	
2. Make Of a Vehicle	
3. Model Of Vehicle	
4. How Many Wheels Does the Vehicle Have?	
5. Vehicle Identification 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-	▼
1098 - T (Tuition Fees Paid In the US)		-Choose One-	▼
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-	▼
1099 - C (Cancellation of Debt)		-Choose One-	▼
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 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)		-Choose One-	▼
1099 - OID (Original Issue Discount)		-Choose One-	▼
1099 - Q (Payments from Qualified Education Programs under Sections 529 and 530)		-Choose One-	▼
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 Advantage MSA)		-Choose One-	▼
W2 - G (Certain Gambling Winnings)		-Choose One-	▼
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!

Amvyronix