**Dear Tax Payer -**

**This will be your Tax notes which will be used for the preparation of your Tax Return, we request you to fill in your Tax details for the Tax Year 2024 in the fields provided below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Details** | **Primary Taxpayer** | **Spouse** | **Child 1** | **Child 2** | **Any other dependent** |
| **First Name** |  |   |   |   |   |
| **Middle Name** |  |   |   |   |   |
| **Last Name** |  |  |  |  |  |
| **Date of Birth (mm/dd/yy)** |  |   |   |   |   |
| **SSN/ITIN** |  |   |   |   |   |
| **Relationship to Primary Taxpayer** |  |   |   |   |   |
| **Visa Status as on Dec 31, 2024** |  |   |   |   |   |
| **Was there any change in the Visa Status during 2024?** |  |   |   |   |   |
| **Marital Status as on Dec 31, 2024** |  |   |   |   |   |
| **Current Address** |  |   |   |   |  |
|
| **First Port of Entry Date into US (mm/dd/yy)** |  |   |   |   |   |
| **No. of months stayed in US during 2024** |  |   |   |   |   |
| **Will you stay in US for more than 6 months in 2024? (Y/N)** |  |   |   |   |   |
| **Home Number** |  |   |   |   |   |
| **Cell Number** |  |   |   |   |   |
| **Email Id** |  |  |   |   |   |

**\*\* Please Note: All ITINs issued before 2013 with middle digits of 88 (Example: (9XX-88-XXXX) will expire at the end of the year. Those with middle digits 90, 91, 92, 94, 95, 96, 97, 98 or 99 that were assigned before 2013 and have not already been renewed will also expire at the end of this year (i.e.) by Dec 31’2024**

**States Residency Details:**

|  |  |  |
| --- | --- | --- |
| **Tax Year** | **Taxpayer (mm/dd/yy)** | **Spouse (mm/dd/yy)** |
| **States Resided** | **Period of Stay** | **States Resided** | **Period of Stay** |
| **2024** |  |  |  |  |
| **2023** |  |  |  |  |
| **2022** |  |  |  |  |

**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** |   |   |

**Employment Details:**

|  |  |  |
| --- | --- | --- |
|   | **Taxpayer** | **Spouse** |
| **Name of the Employer** |  |  |   |   |
| **Employer Location (City, State)** |  |  |   |   |
| **Designation** |  |  |   |   |
| **Occupation/Domain** |  |  |   |   |
| **Employment Start Date**  |  |  |   |   |
| **Employment End Date**  |  |  |   |   |

**Health Coverage:**

|  |  |
| --- | --- |
|  |  **Yes/No** |
| **Are you and your Family members covered under Health Coverage under Federal laws?** |  |
| **If not please specify for how many month it was not covered.** |  |
| **If you enrolled for any Health Coverage from Market Place then Please provide 1095-A (Mandatory)** |  |

**Bank Details:**

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

**Education and Tuition Fee Details:**

**If you have 1098-T/E please share it with us, so that we can include in your Tax returns.**

 **\*\*\* Please Note: Non – Resident Aliens are not eligible to claim 1098-T expenses.**

**Home Mortgage Details**

|  |  |  |
| --- | --- | --- |
| **Interest & Tax Paid** | **Taxpayer Amount** | **Spouse Amount** |
| **Home Mortgage Interest & Points (For property in US) - Provide Form 1098 - Enter only the Interest Amount not your EMI** |  |  |
| **Property Taxes (For property in US)** |  |  |
| **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** |  |  |
| **Property Taxes (For property in India)** |  |  |

**Charitable Contributions Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Charitable Institution** | **Amount Donated** | **Property Donated & its Fair Market Value (FMV) on the date of contribution** | **Number of Trips in the year X One way distance Home and the Charitable Institution** |
|   |  |   |   |
|   |   |   |   |
|   |   |   |   |

**Child & Dependent Care Expenses Details:**

|  |
| --- |
| **(Example: Day Care Expenses, Preschool/Nursery Expenses, etc. if Spouse WORKING or FULL TIME STUDENT)** |
| **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 to whom the amount was paid** |   |
| **Address of the Institution (Street Address, City, State, Zip code)** |   |
| **Amount of Expenditure Incurred** |   |
| **Amount reimbursed by the Employer, if any** |   |

**Investments Details – Sale & Purchase of Stocks (ISOs, ESPPs, & Securities)**

**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 $4 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!**

**If any questions on 1099-B and 1099-Div please ask our expert!**

**Rental Income Details (If Any):**

**Note: Please fill in these details if you had any Rental Income from your Residential/Commercial Property in US**

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| **Property Type? (Residential/Commercial)** |   |
| **Location/Address** |   |
| **Specify the following:** |   |
| **Number of months rented in year 2024** |   |
| **Number of months you used for personal purpose**  |   |
| **Property is owned by (Taxpayer/Spouse/Joint)** |   |
| **Date this property was purchased (mm/dd/yy)** |   |
| **Cost of the property** |   |
| **Rental Income received**  |   |
| **Rental Expenses incurred to earn Rent, if any** |   |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **Salary Income** | **Dividend Income** | **Interest Income** | **Rental Income** |
| **Foreign Income from which source/Type** |   |   |   |   |
| **Amount of Foreign Income** |   |   |   |   |
| **Foreign Taxes (if any) withheld**  |   |   |   |   |

**FBAR/FATCA Eligibility Details:**

|  |  |  |
| --- | --- | --- |
| **Description** | **Taxpayer (Yes/No)** | **Spouse (Yes/No)** |
| **Did you have more than $10,000 in your Foreign Accounts at any time during the Tax Year 2024?**  |  |  |
| **Did you have more than $50,000 in your Foreign Accounts at any time during the Tax Year 2024?** |   |   |
| **Did you Report or file FBAR or FATCA in TY 2024? (Yes/No)** |  |  |

**Note: You may have to file FBAR (Foreign Bank Account Report) before June 30, 2024 if the aggregate of your Bank Accounts/Securities Accounts/Other Financial Accounts exceeded $10,000 at any time during the tax year 2024. You may have to file FATCA (Foreign Account Tax Compliance Act) before April 15, 2024 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 2024.**

**Additional Notes to Tax Preparer (If Any):**

|  |
| --- |
| **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.**

**Additional Documents Required:**

**If you received any of the following Tax Documents in Tax Tear 2024, then please upload in your online login or can even Email to us:**

|  |
| --- |
| **Form W2/W2C** |
| **Last Year Federal & State Tax Return Copy (Mandatory)\*** |
| **All 1099 Documents if any from 1099 Int, 1099 Div, 1099 Misc, 1099 G, 1099R** |
| **Foreign Tax Certificate (If any Foreign Income you have)** |
| **Form 1095-A, 1095-B 1095-C (Health Coverage)** |

**Refer Your Friends/Colleagues:**

**We thank and 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 2024.**

**Each Referral will be honor with Reward @ $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 401-414-1439 or send an email to** **info@spheretaxfiling.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,**

**Sphere Tax Filing Services - Tax Advisory & Planning Team**

[**www.spheretaxfiling.com**](http://www.spheretaxfiling.com)**, E-mail:** **info@spheretaxfiling.com**

**Individual Tax / Business Incorporation / Tax / Book Keeping / Payroll Services**