

 **Finex Tax Filing** **Info@Finextaxfiling.com** **☏+1 (254)-481-9386**

**General Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Particulars | PrimaryTax 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 31st, 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** |  |  |  |  |  |  |

 **Note**

**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 |  |
| 1. Name Of the institution/Person to whom the amount was paid
 |  |
| 1. Federal ID/SSN of the Institution/Person to whom the Money Was Paid
 |  |
| 1. Institution Address (Street Address, City, State, ZIP Code)
 |  |
| 1. Total Expenditure Amount
 |   |
| 1. Amount of Reimbursement by the employer (If any)
 |  |

**HSA / IRA Contributions:**

|  |  |  |
| --- | --- | --- |
|  **Expense Type** | **Taxpayer****$Amount** | **Spouse****$Amount** |
| 1. Contributions To HSA – (Health Savings Account) - Provide Supporting Document Form 5498-SA
 |  |  |
| 1. 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 $ Amount** | **Spouse****$ Amount** |
| 1. Home Mortgage Interest or Points (For Property in the US). **Provide Form 1098**
 |  |  |
| 1. US Property Taxes.
 |  |  |
| 1. Educator Expenses (If You/Your Spouse Is A Teacher/Faculty).
 |  |  |
| 1. Medical Expenses.
 |  |  |
| 1. **Were Any State Refunds for TY2023?**
 |  |  |
| 1. 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.
 |  |  |
| 1. Any other expenses not listed above.
 |  |  |

 **Rental Income and Expenses (If any):**

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| 1. Property Type? (Residential/Commercial)
 |  |
| 1. Property Address
 |  |
| 1. Specify The Following:
2. Date the Property Rented Out
3. No. Of Months You Used for Personal Purpose
 |  |
| 1. Property Is Owned By (Taxpayer/Spouse/Joint)
 |  |
| 1. Property Purchased Date **(MM-DD-YYYY)**
 |  |
| 1. Cost Of the Property
 |  |
| 1. Total Rental Income Received ($)
 |  |

|  |  |
| --- | --- |
| **Rental Expenses** | **$** |
| 1. Home Mortgage Interest
 |  |
| 1. Property Taxes
 |  |
| 1. Advertising
 |  |
| 1. Cleaning and maintenance
 |  |
| 1. Insurance
 |  |
| 1. Utilities
 |  |
| 1. Other (If any)
 |  |

 **Other Income:**

|  |  |  |
| --- | --- | --- |
| **Income Type** | **Taxpayer $ Amount** | **Spouse****$ Amount** |
| 1. Self-Employment Income – **Form 1099-NEC**
 |  |  |
| 1. Gambling Income
 |  |  |
| 1. Gambling Losses (Gambling Losses Can Be Claimable Up to The Gambling Income)
 |  |  |
| 1. Capital Gain (2024)
 |  |  |
| 1. Capital Loss (2024)
 |  |  |
| 1. Sale Of Property (Personal or Rental Property, if any)
 |  |  |
| 1. ‘HSA or IRA Distributions (if any)
 |  |  |

**FBAR / FATCA:**

|  |  |  |
| --- | --- | --- |
|  | **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? |  |  |

 **Report Foreign Income (If any):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

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

|  |  |
| --- | --- |
| 1. Year Of Vehicle
 |  |
| 1. Make Of a Vehicle
 |  |
| 1. Model Of Vehicle
 |  |
| 1. Vehicle Identification Number
 |  |
| 1. Vehicle Cost
 |  |

|  |  |
| --- | --- |
| **Forms** | Yes/NO |
| Form 1098 (Mortgage Interest Statement)  |  |
| 1098 – T (Tuition Fees Paid In the US) |  |
| 1098 – E (Student Loan Interest Statement) |  |
| 1099 – B (Proceeds from Broker and Barter Exchange Transactions) Or, Employer stock statements (Form 3921 if any) |  |
| 1099 -C (Cancellation of Debt) |  |
| 1099 – DIV (Dividends and Distributions) |  |
| 1099 – G (Certain Government Payments)  |  |
| 1099 – HC (Note: If You Are A Resident of MA State and Having Health Insurance, Please Provide Form MA 1099-HC) |  |
| 1099 – INT (Interest Income Statement) |  |
| 1099 – K (Payment Card and Third-Party Network Transactions) |  |
| 1099 – MISC (Miscellaneous Income Statement)  |  |
| 1099 – OID (Original Issue Discount) |  |
| 1099 – Q (Payments from Qualified Education Programs under Sections 529 and 530) |  |
| 1099 – R (Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAS, Insurance Contracts, Etc.) |  |
| 1099-SA (Distributions from an HSA, Archer MSA, Or Medicare Advantage MSA) |  |
| W2 - G (Certain Gambling Winnings) |  |
| 1095 – A (Health Insurance from Market Place) |  |

**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:**

Please help us with the contact information of your friends, family members, and colleagues so we may offer them our esteemed tax services.

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