

**MELUCCI, BISSONNETTE & COMPANY, LTD.**  
**INCOME TAX ORGANIZER**  
**2018**

1. **Taxpayer** \_\_\_\_\_ **Spouse** \_\_\_\_\_  
*If you are a new client, who were you referred by?* \_\_\_\_\_

**Address** \_\_\_\_\_ **Is this new? Yes**  **No**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Social Security Number(s):** \_\_\_\_\_ - \_\_\_\_\_ - **S** \_\_\_\_\_ - \_\_\_\_\_

**Date(s) of Birth:** \_\_\_\_\_ **S** \_\_\_\_\_

**Telephone Numbers:** (Home) \_\_\_\_\_ **S** \_\_\_\_\_  
 (Work) \_\_\_\_\_ **S** \_\_\_\_\_  
 (Cell) \_\_\_\_\_ **S** \_\_\_\_\_

**Email Address (es):** \_\_\_\_\_ **S** \_\_\_\_\_

*If you would like to **pick-up** your tax returns, please select this box and circle above number to be called* →

*If you are receiving a refund, would you like your federal &/or state refund direct deposited? Yes*  *No*   
*If yes, Bank Name* \_\_\_\_\_ *Routing #* \_\_\_\_\_ *Checking*  *Savings*   
*Account #* \_\_\_\_\_

2. **Dependents:** \_\_\_\_\_ **N/A**

Name	Social Security Number	Relationship	Date of Birth
	- -		
	- -		
	- -		
	- -		

*If you adopted a child during 2018, please enclose Qualified Adoption Expenses.*

3. **If you paid federal or state estimates for tax year 2018, please complete the following:** \_\_\_\_\_ **N/A**

	Federal	State of _____	State of _____
	Date /Amount	Date/ Amount	Date/ Amount
Overpayment Applied			
1 <sup>st</sup> Quarter			
2 <sup>nd</sup> Quarter			
3 <sup>rd</sup> Quarter			
4 <sup>th</sup> Quarter			
<b>Total</b>			

4. **If you or your spouse worked, please indicate the number of places of employment which you received W-2 forms from and enclose the W-2 forms** \_\_\_\_\_ **N/A**

5. **If you had interest or dividend income (including tax exempt items), please complete Supplement I. Indicate the number of 1099 forms and enclose the 1099 forms** \_\_\_\_\_ **N/A**

6. **If you received a state tax refund or paid state taxes for a prior year, please complete the following:** **N/A**

State _____	Received \$ _____	Paid \$ _____
State _____	Received \$ _____	Paid \$ _____
State _____	Received \$ _____	Paid \$ _____

**Office Use Only** I \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

7. **If you received or paid alimony, please complete the following:** N/A   
 Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ Received \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_
8. **If you are a sole proprietor or own a farm, please complete Supplement II.** N/A
9. **If you sold any property, real estate, etc., please enclose the settlement sheets. If you sold any stocks, mutual funds, etc., please obtain a schedule of gain or loss from your broker and attach it or complete Supplement III.** N/A   
*\*\* Please note: Stock/Mutual fund basis information is required\*\**
10. **If you own rental property or received royalty income, please complete Supplement IV.** N/A
11. **A. If you received distributions from or rolled over a pension/retirement fund, IRA, Roth IRA, etc., indicate type Distribution Code: ( TYPES > I = IRA, P= Pension or R = Roth) and related amounts.** N/A   
 Please indicate the number of 1099 forms and enclose the 1099 forms.

Taxpayer/ Spouse	Type	Code	Gross Distribution	Taxable Amount	Fed. W/H	State W/H

**Did you receive required minimum distributions from your retirement accounts?** Y  N

**B. If you received distributions from an HSA, Education Savings Account or 529 Plan, indicate type and related amounts: (TYPES > H = HSA, E = Education Savings , 5 = 529 Plan, L= long term care distribution)**

Taxpayer/ Spouse	Type	Single S Family F	Gross	Earnings	Qualifying medical expenses	Qualifying tuition expenses	Qualifying room board supplies

12. **If you are a member of a partnership, LLC, S Corporation, trust, estate, etc., please indicate the number of Form K-1's here \_\_\_\_\_ and enclose the Form K-1's.** N/A   
 If an LLC, are you filing as a disregarded entity Y  N
13. **If you received unemployment or TCI please complete the following and enclose the 1099 forms.** N/A

**Taxpayer**

**Spouse**

State    Amount    Fed W/H    State W/H  
 \_\_\_\_\_ \$            \$            \$ \_\_\_\_\_

State    Amount    Fed W/H    State W/H  
 \_\_\_\_\_ \$            \$            \$ \_\_\_\_\_

14. If you received Social Security benefits, please complete the following and enclose the 1099 forms. N/A

<u>Taxpayer</u>		<u>Spouse</u>	
Amt (Box5)	\$ _____	FED W/H \$ _____	Amt (Box5) \$ _____
		FED W/H \$ _____	

15. If you had other sources of income, i.e., gambling winnings etc., please indicate amount and description of income. N/A

\$ _____	Description: _____
\$ _____	Description: _____
\$ _____	Description: _____

Please indicate amount of gambling losses, if any: \$ \_\_\_\_\_

16. If you made contributions (or will before 4/15/19) to the following for 2018, please list the amount: N/A   
Do not include any contributions made pre-tax.

	Taxpayer	Spouse	Other Person	Single or Family
Regular IRA				
Roth IRA				
Business Retirement Plan (type _____)				
RI/MA Family Education Savings Account/529				

17. If you paid interest on a student loan that you are obligated to repay, please list the amount paid. N/A   
Please provide 1098-E. \$ \_\_\_\_\_

18. If you had any educator expenses (K-12) please list the amount. \$ \_\_\_\_\_ N/A

19. Please list the total amounts paid for the following expenses:  
\*\* Please note : Do not include amounts paid pre-tax through your employer. \*\*

- A. Medical insurance payments Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ N/A   
(Blue Cross, Delta Dental, etc.)
- B. Medicare (per 1099-SA only) Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ N/A
- C. Long – term care Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ N/A
- D. HSA Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ N/A
- E. S corp health insurance on W-2 Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ N/A
- F. Out of pocket medical expenses, doctors, dentists, nurses, hospitals, hearing aids, dentures, glasses, laser vision correction surgery, medicine and drugs, etc. \$ \_\_\_\_\_ N/A
- G. Medical related transportation \$ \_\_\_\_\_ Miles (.18/mile) N/A

**IMPORTANT:**

Were you covered by health insurance during 2018? Y  N

If yes, please provide all form 1095's & 1099's received.

Who is your insurance through?

Employer \_\_\_\_\_ Medicare \_\_\_\_\_ Parent \_\_\_\_\_ Marketplace (1095-A) \_\_\_\_\_ Self Paid \_\_\_\_\_



23. If you paid expenses for the care of your children, please complete the following: N/A

Please indicate amount in Box 10 of Form W-2(s). \$ \_\_\_\_\_

Name of child and amount paid to provider:	<u>Child's name</u>	<u>Amount</u>	<u>Provider #1 or #2</u>
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

	<u>Provider #1</u>	<u>Provider #2</u>
Name	_____	_____
Complete address	_____	_____
	_____	_____
SS/ID #	_____	_____

24. College Education Credits. Form 1098-T required. If you paid tuition and fees for higher education, please list the student's name, amount paid and indicate if Freshman (F), Sophomore (S), Junior (J), Senior (Sr) or Graduate School (G) and if in school more than 4 years check here. N/A

<u>Student's Name</u>	<u>Amount Paid</u>	<u>Academic Year</u> <u>F-S-J-Sr-G</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

25. If you added energy efficient property to your home or purchased an electric vehicle in 2018 please provide certification paperwork related to purchases and the amounts paid. N/A

26. A. Massachusetts residents – If you paid rent, please complete the following: N/A

Landlord's name & address \_\_\_\_\_

\_\_\_\_\_

Amount paid \$ \_\_\_\_\_ \$ \_\_\_\_\_

Dates lived there \_\_\_\_\_

B. Massachusetts residents - Please provide work related commuter expenses \$ \_\_\_\_\_

27. A. Rhode Island residents – If your household income was \$30,000 or less and you are age 65 and above and/or disabled, you may qualify for RI Property Tax Relief. Please complete the following: N/A

Landlord's name & address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property taxes or rent paid \_\_\_\_\_

B. Rhode Island residents if you owe RI use tax please provide the amount \$ \_\_\_\_\_ N/A

**Reminder: Please sign and return engagement letter.**

**Supplement I**

**INTEREST INCOME**

<b>Payer</b>	<b>Amount</b>	<b>(✓) if MA Bank Interest</b>	<b>Bond Premium</b>	<b>US Government</b>	<b>Total Exempt</b>	<b>In-State Exempt</b>	<b>Private Activity Premium Amount</b>	<b>Early Withdrawal Penalty</b>	<b>Federal Withholding</b>
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<b>Totals</b>	_____		_____	_____	_____	_____	_____	_____	_____

**DIVIDEND INCOME**

<b>Payer</b>	<b>Ordinary Dividend</b>	<b>Qualified Dividends</b>	<b>Capital Gain Distributions</b>	<b>US Government</b>	<b>Total Exempt</b>	<b>In-State Exempt</b>	<b>Private Activity Premium Amount</b>	<b>Foreign Tax Paid</b>	<b>Federal Withholding</b>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Totals</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____

**If you have any bank accounts in foreign countries please check here** \_\_\_\_\_

**Supplement II**  
**SELF – EMPLOYED BUSINESS / FARM**

Please prepare a separate supplement for each sole proprietorship or farm

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Description** \_\_\_\_\_

**1. Income** \_\_\_\_\_ **(Please enclose any 1099 forms received)**

**2. Cost of Goods Sold:**

Inventory, beginning	_____	Material & supplies	_____
Purchases	_____	Other	_____
Cost of labor	_____	Inventory, ending	_____

**3. Expenses:**

Advertising	_____	Rent or lease:	
Bank charges	_____	Equipment	_____
Commissions & fees	_____	Business property	_____
Delivery & freight	_____	Repairs & maintenance	_____
Dues & publications	_____	Utilities	_____
	_____	Telephone	_____
Employee benefits	_____	Supplies	_____
Insurance (other than health, life & disability)	_____	Taxes & licenses	_____
Interest	_____	Employee retirement plans	_____
Legal & professional	_____	Travel	_____
Office expense	_____	Meals	_____
Outside labor	_____	Wages	_____
		Other: _____	_____

**Did you issue 1099's?**    Y\_\_\_\_ N\_\_\_\_

**4. Important: Mileage must be substantiated with an auto log. Mileage cannot be estimated.**

	<u>Auto 1</u>	<u>Auto 2</u>
Model/Year/Gross Vehicle Weight	_____	_____
Date auto placed in service	_____	_____
Value of lease car at inception	_____	_____
Total miles for year	_____	_____
Business miles (.545)	_____	_____
Commuting miles/daily round trip	_____	_____
Gas	_____	_____
Insurance	_____	_____
Lease payments	_____	_____
Lease inclusion	_____	_____
Parking & tolls	_____	_____
Property tax	_____	_____
Repairs & maintenance	_____	_____
Interest	_____	_____
License fees	_____	_____

**5. If claiming a home office, please fill in the following amounts:**

Interest	_____	Insurance	_____
Taxes	_____	Utilities	_____
Repairs & maintenance	_____	Other:	_____
Total rooms in home	_____	or	Total sq. feet of home
Total rooms used as home office	_____		Total sq. feet used as home office

**6.** If you purchased or sold any assets used in the business (e.g., auto, equipment, etc.), please enclose a copy of the purchase and sales agreement or settlement sheets.





**Supplement IV**

**RENTAL PROPERTY/ROYALTY SUPPLEMENT**

	#1	#2	#3
<b>Complete property address</b>	_____	_____	_____
	_____	_____	_____
<b>% of ownership</b>	_____	_____	_____
<b>Type of property (commercial or residential)</b>	_____	_____	_____
<b>1. Rental income</b>	_____	_____	_____
<b>2. Royalty income</b>	_____	_____	_____
<b>3. Expenses:</b>			
Advertising	_____	_____	_____
Auto & travel .545/Mile	_____	_____	_____
Cleaning & maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Insurance – PMI	_____	_____	_____
Legal & professional	_____	_____	_____
Management fees	_____	_____	_____
Interest – bank	_____	_____	_____
Interest – other	_____	_____	_____
Painting	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Condo fees	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____

**4.** If you purchased or sold any assets used in the rental property please enclose a copy of the purchase and sales agreement or closing disclosures.

If you made any major repairs or improvements to the rental property please describe what was done, how much it cost and when it was completed. (NOT INCLUDED IN ABOVE AMOUNTS)

\_\_\_\_\_

\_\_\_\_\_

**5.** If you or your family used a property for more than 14 days during 2018, please indicate the following:

Property # _____	Property # _____	Property # _____
# of days rented _____	# of days rented _____	# of days rented _____
# of days personal use _____	# of days personal use _____	# of days personal use _____

**6.** If you used any outside labor did you issue 1099's? Yes \_\_\_\_\_ No \_\_\_\_\_