MELUCCI, BISSONNETTE & COMPANY, LTD. INCOME TAX ORGANIZER 2020

Taxpayer		Spouse	2				
0.0	ient, who were you re	eferred by?					
Address			Is this new?	'es 🗌 No 🗌			
City		State	Zip				
Social Security Nu	mber(s):		S				
Date(s) of Birth:			S				
Telephone Number	rs: (Home)	me)					
	(Work)		S				
	(Cell)	S					
Email Address (es)	:		S				
IRS Identity Theft	PIN #'s						
If you would like to pi	ick-up your tax retur	rns, please select this box	and circle above number	to be called			
		e them direct deposited? Routing #					
Dependents:				N/A			
Name	Soci	ial Security Number	Relationship	Date of Birth			
		•					
	check amounts 1	st	2nd State of	N/A State of			
If you paid federal	check amounts 1	Federal	State of	State of			
. If you paid federal state estimates for	encer amounts						
. If you paid federal state estimates for year 2020, please	Check amounts 1 Overpayment Applied	Federal	State of	State of			
. If you paid federal state estimates for year 2020, please nplete the	Overpayment Applied	Federal	State of	State of			
If you paid federal state estimates for year 2020, please nplete the	Overpayment Applied 1 st Quarter	Federal	State of	State of			
. If you paid federal state estimates for year 2020, please nplete the	Overpayment Applied 1st Quarter 2nd Quarter	Federal	State of	State of			
. Enter both stimulus of the control	Overpayment Applied 1st Quarter 2nd Quarter 3rd Quarter	Federal	State of	State of			
. If you paid federal state estimates for year 2020, please nplete the	Overpayment Applied 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter	Federal	State of	State of			
. If you paid federal state estimates for year 2020, please uplete the	Overpayment Applied 1st Quarter 2nd Quarter 3rd Quarter	Federal	State of	State of			
. If you paid federal state estimates for year 2020, please nplete the lowing:	Overpayment Applied 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Total	Federal Date /Amount dicate the number of pla	State of	State of Date/ Amount			
. If you paid federal state estimates for a year 2020, please uplete the lowing: If you or your spouse from and enclose the lowing the lowing the lowest feature and enclose the lowest feature and interest of the lowest feature the lowest feature to be a second	Overpayment Applied 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Total e worked, please ince W-2 forms r dividend income (Federal Date /Amount dicate the number of pla	State of	State of			
If you paid federal state estimates for year 2020, please applete the owing: If you or your spouse from and enclose the lif you had interest on number of 1099 form	Overpayment Applied 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Total e worked, please ince W-2 forms r dividend income (ns and enclose the 1	Federal Date /Amount dicate the number of pla including tax exempt ite 099 forms d state taxes for a prior	State of	State of			
If you paid federal state estimates for year 2020, please uplete the owing: If you or your spouse from and enclose the umber of 1099 form If you received a state State	Overpayment Applied 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Total e worked, please ince e W-2 forms r dividend income (ns and enclose the 1 te tax refund or paic	Federal Date /Amount dicate the number of pla including tax exempt ite 099 forms d state taxes for a prior yeived \$	State of	State of Date/ Amount The you received W-2 for N/A pplement I. Indicate N/A the following: N/A the following: N/A			
If you paid federal state estimates for year 2020, please uplete the lowing: If you or your spous from and enclose the lowing in the lowing in the lowing in the lowest of 1099 form. If you received a state of 1090 form.	Overpayment Applied 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Total e worked, please ince w-2 forms r dividend income (ms and enclose the 1 te tax refund or paid	Federal Date /Amount dicate the number of pla including tax exempt ite 099 forms d state taxes for a prior	State of	State of			

virtual currency etc., please obtain a schedule of gain or loss from your broker and attach it Supplement III. ** Please note: Stock/Mutual fund basis information is required**									
If you own	wn rental property or received royalty income, please complete Supplement IV.						N/A		
type Distril	utio	n Code:	(TYPES >	om or rolled over I = IRA, P= Porms and enclose	ension or R = R	Roth) and relat	IRA, Roth IRA	A, etc., indica	
Taxpay Spou		Туре	Code	Gross Distributio		cable nount	Fed. W/H	State W/I	
•		_		distributions f	-		<u>s?</u> Y □ N □		
Did you uso B. If you r	any eceiv	distribut ed distri	tions for ch	naritable contri om an HSA, Ed	butions? Y 🗌	N □ s Account or 5	s? Y □ N □ 629 Plan, indicaterm care distri	v 1	
Did you uso B. If you r	any eceiv ΓΥΡ	distribut ed distri	tions for ch	om an HSA, Ed Education Sav	butions? Y 🗌	N □ s Account or 5	329 Plan, indica	V 1	
Did you uso B. If you ramounts: (any eceiv ΓΥΡ	distribut ed distri ES > H =	butions for che HSA, E =	om an HSA, Ed Education Sav	butions? Y ucation Saving ings , 5 = 529 P	N S Account or 5 Plan, L= Long Qualifying medical	Qualifying tuition	Qualifying room board	
Did you uso B. If you ramounts: (any eceiv ΓΥΡ	distribut ed distri ES > H =	butions for che HSA, E =	om an HSA, Ed Education Sav	butions? Y ucation Saving ings , 5 = 529 P	N S Account or 5 Plan, L= Long Qualifying medical	Qualifying tuition	Qualifying room board	
B. If you amounts: (Taxpay Spous	any ecceiv FYP men her	distributed distributed the distributed to the dist	butions for che HSA, E = Single S Family F	om an HSA, Ed Education Sav Gross	butions? Y ucation Saving ings , 5 = 529 P Earnings poration, trust, s.	N	Qualifying tuition	Qualifying room board supplies	

<u>nyer</u>	FED	<u>Spouse</u>		FE	ED
Box5) \$	W/H \$	Amt (Box	5) \$	W/	/H \$
n had other sources of ne.	income, i.e., gambling	vinnings etc., pleas	se indicate am	ount and desc	eription of N/A
	1				
	• ,•				
Descri	ірион.				
e indicate amount of gar	mbling losses, if any:	·			
		Taxpayer		list the amoun	nt: N/A
				Person	
	pe)				
ı naid interest on a stu	dent loan that you are	obligated to renay.	nlease list th	e amount paid	. N/A
e provide 1098-E.	10 0 1 0 1	ozn guvu vo repuj,	preuse list th	\$	
e provide 1098-E.	penses (K-12) please lis		-	\$	<u> </u>
e provide 1098-E. I had any educator expected elist the total amounts ease note: Do not inclu	penses (K-12) please lists s paid for the following de amounts paid pre-tax syments Taxpayer \$	expenses: through your emplo		\$	
e provide 1098-E. I had any educator expected is the total amounts ease note: Do not inclu Medical insurance pa (Blue Cross, Delta Delta)	penses (K-12) please lists s paid for the following de amounts paid pre-tax syments Taxpayer \$	expenses: through your emplo	oyer.**	\$	N/A
e provide 1098-E. I had any educator expected is the total amounts ease note: Do not inclu Medical insurance pa (Blue Cross, Delta Delta)	penses (K-12) please lists paid for the following de amounts paid pre-tax syments Taxpayer \$ ental, etc.)	expenses: through your emplo	oyer.** Spouse\$	\$	N/A N/A
e provide 1098-E. I had any educator expected in the total amounts ease note: Do not inclu Medical insurance pa (Blue Cross, Delta Delta Medicare (per 1099-S	penses (K-12) please lists paid for the following de amounts paid pre-tax syments Taxpayer \$ ental, etc.) SA only) Taxpayer \$ Taxpayer \$	expenses: through your emplo	oyer.** Spouse \$	\$	N/A N/A N/A
e provide 1098-E. I had any educator expected the total amounts ease note: Do not inclused Medical insurance para (Blue Cross, Delta Do Medicare (per 1099-St. Long – term care Health Savings According to the provided Health Savings According	penses (K-12) please lists paid for the following de amounts paid pre-tax syments Taxpayer \$ ental, etc.) SA only) Taxpayer \$ Taxpayer \$	expenses: through your emplo	oyer.** Spouse \$ Spouse \$ Spouse \$ Spouse \$	\$	N/A N/A N/A N/A
e provide 1098-E. I had any educator expected ist the total amounts ease note: Do not incluse Medical insurance para (Blue Cross, Delta Do Medicare (per 1099-Standare) Long – term care Health Savings According to the composite of pocket medicare.	penses (K-12) please lists s paid for the following ade amounts paid pre-tax syments Taxpayer \$ ental, etc.) SA only) Taxpayer \$ Taxpayer \$ unt Taxpayer \$	expenses: through your emplo	oyer.** Spouse \$ Spouse \$ Spouse \$ Spouse \$ Spouse \$ And the string aid the	\$	N/A N/A N/A N/A
	Box5) \$B had other sources of he. Description Description of garden and contributions (of include any contributions (IRA) Box5) \$B had other sources of head of the sources	Box5) \$ FED W/H \$ I had other sources of income, i.e., gambling vine. Description: Description: Description: i indicate amount of gambling losses, if any: I made contributions (or will before 4/15/21) to include any contributions made pre-tax. ar IRA IRA ess Retirement Plan (type) A Family Education Savings Account/529	FED Box5) \$ My/H \$ Amt (Box I had other sources of income, i.e., gambling winnings etc., please inc. Description: Description: Description: Description: I made contributions (or will before 4/15/21) to the following for ot include any contributions made pre-tax. Taxpayer ar IRA	FED W/H \$ Amt (Box5) \$ had other sources of income, i.e., gambling winnings etc., please indicate ame Description: Description: Description: e indicate amount of gambling losses, if any: \$ made contributions (or will before 4/15/21) to the following for 2020, please of include any contributions made pre-tax. Taxpayer Spouse ar IRA	FED W/H \$ Amt (Box5) \$ W/A Amt (Box5) \$ W

20.	Plea A.	se list the total amounts p Real estate/fire district	aid for the following taxes: taxes (per property)	Property 1 Property 2 \$ \$	
	В.	Personal property/excis	e taxes (auto, etc.) \$		N/A
	C.		or vehicle please list sales tax ant sales tax purchases pleas		N/A
	D.	Interest paid 1. Mortgage interest:	Primary residence \$		N/A
			Home Equity Interest \$		N/A
			Secondary residence \$		N/A
				by of the closing disclosures and	N/A
		3. Private mortgage inst	he mortgage in number of yeurance payments (PMI) \$		N/A
21.		s to charity: charitable contributions M	IUST be documented by a	cancelled check or receipt.	
	A.	Gifts, by cash or check	\$		N/A
	B.	Charitable /Volunteer m	iles		N/A
	C.	For gifts of property to a	charitable organization, plea	ase complete the following:	N/A
		Charitable organization Complete address of organization Description of property Date of contribution Date acquired Purchase price Fair market value	Organization #1		- -
22.				s greater than 10% of your adju	sted N/A

If you paid expenses for the c Please indicate amount in Bo			wing:	N/A
Name of child and	Child's name		Provider_#1 or #2	
amount paid to provider:		\$		
•		\$ \$ \$		
		\$	_	
	Provider #1	Provide	<u>r #2</u>	
Complete address				
SS/ID#				
College Education Credits. Is please list the student's name Senior (Sr) or Graduate Scho	, amount paid and indica	te if Freshman (F), S	ophmore (S), Junior (J),	, N/A
			Academic Year	
Student's Name		ount Paid	F-S-J-Sr-G	
				
	\$	 -		
A. Massachusetts residents Landlord's name & address	– If you paid rent, please		ing:	N/A
Amount paid \$			 -	
Dates lived there				
B. Massachusetts employee	es - Please provide work r	elated commuter exp	penses \$	
A. Rhode Island residents - disabled, you may qualify for	If your household incom RI Property Tax Relief.			bove an N/A
Landlord's name & address				
Property taxes or rent paid				
B. Rhode Island residents -	If you owe RI use tax ple	ase provide the amou	int \$	N/A

Reminder: Please sign and return engagement letter.

Supplement I

INTEREST INCOME

				11 (12 2112	O I II (O I II E					
Payer	Amount		Sond emium	US Government	Total Exempt	In-State Exempt	Act	vate ivity nium	Early Withdrawal Penalty	Federal Withholdin
		H —								
	-						_			_
		H —								
	<u> </u>									-
							-			
Totals										
				DIVIDE	ND INCOME					
Payer	Ordinary Dividend	Qualified Dividends	Capital Gair Distributions	n 199 s	US Government	Total Exempt	In-State Exempt	Private Activity Premium	Foreign Tax	Federal Withholding
					-			-	-	-
					<u> </u>				_	
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									_	<u> </u>
									_	<u> </u>
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					_				<u> </u>	
									_	
					_					

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

ddı	ress	
esc	ription	
	Income	(Please enclose any 1099 forms received)
	Cost of Goods Sold:	
	Inventory, beginning	Material & supplies
	Purchases	Other
	Cost of labor	Inventory, ending
	Expenses:	
	Advertising	Rent or lease:
	Rank charges	Fauinment
	Commissions & fees	Business property
		Repairs &
	Delivery & freight	maintenance
	Dues & publications	Utilities
		Telephone
	Employee benefits	Supplies
	Insurance (other than	Taxes & licenses
	health, life &	Employee retirement
	disability)	plans
	Interest	Travel
	Legal & professional	Meals
	Legal & professional Office expense	Wages
	Office expense Outside labor Did you issue 1099's? Y N	Wages Other: Ced with an auto log. Mileage cannot be estimated.
	Office expense Outside labor Did you issue 1099's? Y N	Wages Other:
	Office expense Outside labor Did you issue 1099's? Y N Important: Mileage must be substantiat Model/Year/Gross Vehicle Weight Date auto placed in service Value of lease car at inception Total miles for year Business miles (.575) Commuting miles/daily round trip Gas Insurance Lease payments Lease inclusion Parking & tolls Property tax Repairs & maintenance Interest License fees	Wages Other: Led with an auto log. Mileage cannot be estimated. Auto 1 Auto 2
	Office expense Outside labor Did you issue 1099's? Y N Important: Mileage must be substantiat Model/Year/Gross Vehicle Weight Date auto placed in service Value of lease car at inception Total miles for year Business miles (.575) Commuting miles/daily round trip Gas Insurance Lease payments Lease inclusion Parking & tolls Property tax Repairs & maintenance Interest License fees If claiming a home office, please fill in the	Wages Other: Ted with an auto log. Mileage cannot be estimated. Auto 1 Auto 2 The following amounts:
	Office expense Outside labor Did you issue 1099's? Y N Important: Mileage must be substantiat Model/Year/Gross Vehicle Weight Date auto placed in service Value of lease car at inception Total miles for year Business miles (.575) Commuting miles/daily round trip Gas Insurance Lease payments Lease inclusion Parking & tolls Property tax Repairs & maintenance Interest License fees If claiming a home office, please fill in th Interest	Wages Other: Ted with an auto log. Mileage cannot be estimated. Auto 1 Auto 2 The following amounts: Insurance
	Office expense Outside labor Did you issue 1099's? Y N Important: Mileage must be substantiat Model/Year/Gross Vehicle Weight Date auto placed in service Value of lease car at inception Total miles for year Business miles (.575) Commuting miles/daily round trip Gas Insurance Lease payments Lease inclusion Parking & tolls Property tax Repairs & maintenance Interest License fees If claiming a home office, please fill in th Interest Taxes	Wages Other: Led with an auto log. Mileage cannot be estimated. Auto 1 Auto 2 Definition of the control of t
	Office expense Outside labor Did you issue 1099's? Y N Important: Mileage must be substantiat Model/Year/Gross Vehicle Weight Date auto placed in service Value of lease car at inception Total miles for year Business miles (.575) Commuting miles/daily round trip Gas Insurance Lease payments Lease inclusion Parking & tolls Property tax Repairs & maintenance Interest License fees If claiming a home office, please fill in th Interest Taxes Repairs & maintenance	Wages Other: Ted with an auto log. Mileage cannot be estimated. Auto 1 Auto 2 The following amounts: Insurance Utilities Other:
i.	Office expense Outside labor Did you issue 1099's? Y N Important: Mileage must be substantiat Model/Year/Gross Vehicle Weight Date auto placed in service Value of lease car at inception Total miles for year Business miles (.575) Commuting miles/daily round trip Gas Insurance Lease payments Lease inclusion Parking & tolls Property tax Repairs & maintenance Interest License fees If claiming a home office, please fill in th Interest Taxes	Wages Other: Led with an auto log. Mileage cannot be estimated. Auto 1 Auto 2 Definition of the control of t

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 closing disclosures.

Supplement III

SCHEDULE OF CAPITAL GAINS AND LOSSES

** This information is required if you sold stocks, mutual funds or capital assets during 2020. **

** Please obtain a realized gain/loss statement from your broker. **

Stock or Mutual Fund Name/Real Estate Location*	Box A - F	Date Acquired	Date Sold	Sales Proceeds	Cost of Investment Sold	Adjustments: Wash(W)Expenses(E) Discount(D) Multiple(M)	Gain/ Loss
				-			_
Totale							
Totals							

^{*} For real estate transactions please provide copies of the closing disclosures

Supplement IV

RENTAL PROPERTY/ROYALTY SUPPLEMENT

•	1 4	#1	#2	#3
	omplete			
pro	operty address			-
0/0	of ownership			
	pe of property			
	mmercial or			
res	sidential)			
1.	Rental income			
2.	Royalty income			
3.	Expenses:			
	Advertising			
	Auto & travel .58/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 ar or closing disclosures.	ny assets used in the rental propert	ty please enclose a copy of the	purchase and sales agreement
		pairs or improvements to the renta d. (NOT INCLUDED IN ABOV		at was done, how much it cost
5.	D 4-11	l a property for more than 14 days		
	Property # # of days rented	Property # # of days rented	Property #_ # of days re	 nted
	# of days rented	# of days personal use	# of days pe	rsonal use
6.		r did you issue 1099's? Yes	No	