

MELUCCI, BISSONNETTE & COMPANY, LTD.
INCOME TAX ORGANIZER
2021

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** _____

IRS Identity Theft PIN # _____

*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 refunds, would you like them direct deposited? Yes *No* *Checking* *Savings*

If yes, Bank Name _____ *Routing #* _____ *Account #* _____

2. Dependents: _____ **N/A**

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

3A. If you received the third stimulus check please indicate the amount. \$ _____ **N/A**

3B. If you received the advanced child tax credit enter amount and provide a copy of the letter from the IRS.
 \$ _____ **N/A**

3C. If you paid federal or state estimates for tax year 2021, please complete the following:

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

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 \$ _____

7. **If you received or paid alimony, please complete the following:** N/A
 Name _____ SS# _____ - - _____ Received \$ _____ Paid \$ _____
 Date of divorce _____
8. **If you are a sole proprietor or own a farm, please complete Supplement II.** N/A
9. **If you sold any real estate, etc., please enclose the closing disclosures. If you sold any stocks, mutual funds, virtual currency etc., please obtain a schedule of gain or loss from your broker and attach it or complete Supplement III.**
*** Please note: Stock/Mutual fund basis information is required*** N/A
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.**
 Please indicate the number of 1099 forms and enclose the 1099 forms. N/A

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

Did you use any distributions for charitable contributions? 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) N/A

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.**
 If an LLC, are you filing as a disregarded entity Y N N/A
13. **If you received unemployment or TCI please complete the following and enclose the 1099 forms.** N/A

<u>Taxpayer</u>				<u>Spouse</u>			
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 4/15/22) to the following for 2021, please list the amount: N/A
Do not include any contributions made pre-tax.

	Taxpayer	Spouse	Other Person
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 (Blue Cross, Delta Dental, etc.) | Taxpayer \$ _____ | Spouse \$ _____ | N/A <input type="checkbox"/> |
| B. | Medicare (per 1099-SA only) | Taxpayer \$ _____ | Spouse \$ _____ | N/A <input type="checkbox"/> |
| C. | Long – term care | Taxpayer \$ _____ | Spouse \$ _____ | N/A <input type="checkbox"/> |
| D. | Health Savings Account | Taxpayer \$ _____ | Spouse \$ _____ | N/A <input type="checkbox"/> |
| E. | S corp health insurance on W-2 | Taxpayer \$ _____ | Spouse \$ _____ | N/A <input type="checkbox"/> |
| F. | Out of pocket medical expenses, doctors, dentists, nurses, hospitals, hearing aids, dentures, glasses, laser vision correction surgery, medicine and drugs, etc. | \$ _____ | | N/A <input type="checkbox"/> |
| G. | Medical related transportation | \$ _____ | _____ Miles (.16/mile) | N/A <input type="checkbox"/> |

IMPORTANT:

Were you covered by health insurance during 2021? 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 _____

- 20. Please list the total amounts paid for the following taxes:**
- | | Property 1 | Property 2 | Property 3 | |
|---|-------------------|-------------------|-------------------|------------------------------|
| A. Real estate/fire district taxes (per property) | \$ _____ | \$ _____ | \$ _____ | N/A <input type="checkbox"/> |
| B. Personal property/excise taxes (auto, etc.) | \$ _____ | | | N/A <input type="checkbox"/> |
| C. If you purchased a motor vehicle please list sales tax paid \$ _____
or for any other significant sales tax purchases please list tax paid \$ _____ | | | | N/A <input type="checkbox"/> |
| D. Interest paid | | | | |
| 1. Mortgage interest: Primary residence | \$ _____ | | | N/A <input type="checkbox"/> |
| Home Equity Interest | \$ _____ | | | N/A <input type="checkbox"/> |
| Secondary residence | \$ _____ | | | N/A <input type="checkbox"/> |
| 2. Points on a mortgage. If new please provide a copy of the closing disclosures and indicate the term of the mortgage in number of years. | \$ _____ | | | N/A <input type="checkbox"/> |
| 3. Private mortgage insurance payments (PMI) | \$ _____ | | | N/A <input type="checkbox"/> |
| 4. Investment / margin interest expense. | \$ _____ | | | N/A <input type="checkbox"/> |

21. Gifts to charity:
All charitable contributions MUST be documented by a cancelled check or receipt.

- A. Gifts, by cash or check \$ _____ N/A
- B. Charitable /Volunteer miles _____ N/A
- C. For gifts of property to a charitable organization, please complete the following: N/A

	<u>Organization #1</u>	<u>Organization #2</u>
Charitable organization	_____	_____
Complete address of organization	_____	_____
Description of property	_____	_____
Date of contribution	_____	_____
Date acquired	_____	_____
Purchase price	_____	_____
Fair market value	_____	_____

- 22. If you had a theft, fire, etc., and had an out-of-pocket loss greater than 10% of your adjusted gross income, please check here.** N/A

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 2021 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 _____

27. Massachusetts employees - Please provide work related commuter expenses \$ _____

28. 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

Payer	Amount	(√) if MA Bank Inter est	Bond Premium	US Governme nt	Total Exempt	In-State Exempt	Private Activity Premium	Early Withdrawal Penalty	Federal Withholding
_____	_____	<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"/>	_____	_____	_____	_____	_____	_____	_____
Totals	_____		_____	_____	_____	_____	_____	_____	_____

DIVIDEND INCOME

Payer	Ordinary Dividend	Qualified Dividends	Capital Gain Distributions	199	US Government	Total Exempt	In-State Exempt	Private Activity Premium	Foreign Tax	Federal Withholding
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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	_____
		Repairs & maintenance	_____
Delivery & freight	_____	Utilities	_____
Dues & publications	_____	Telephone	_____
		Supplies	_____
Employee benefits	_____	Taxes & licenses	_____
Insurance (other than health, life & disability)	_____	Employee retirement plans	_____
Interest	_____	Travel	_____
Legal & professional	_____	Meals	_____
Office expense	_____	Wages	_____
Outside labor	_____	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 (.56) 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 closing disclosures.

Supplement III

SCHEDULE OF CAPITAL GAINS AND LOSSES

** This information is required if you sold stocks, mutual funds or capital assets during 2021. **

** 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
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
Totals				\$	\$	\$	\$

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

Supplement IV

RENTAL PROPERTY/ROYALTY SUPPLEMENT

	#1	#2	#3
Complete property address	_____	_____	_____
	_____	_____	_____
% of ownership	_____	_____	_____
Type of property (commercial or residential)	_____	_____	_____
1. Rental income	_____	_____	_____
2. Royalty income	_____	_____	_____
3. Expenses:			
Advertising	_____	_____	_____
Auto & travel .56/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 2021, 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 _____