

**MELUCCI, BISSONNETTE & COMPANY, LTD.**  
**INCOME TAX ORGANIZER**  
**2023**

<b>1. Taxpayer</b>	<b>Spouse</b>
<i>If you are a new client, who were you referred by?</i> _____	
<b>Address</b> _____	<b>Is this new?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>City</b> _____	<b>State</b> _____ <b>Zip</b> _____
<b>Social Security Number(s):</b> _____	<b>S</b> _____
<b>Date(s) of Birth:</b> _____	<b>S</b> _____
<b>Telephone Numbers:</b> (Home) _____	<b>S</b> _____
(Work) _____	<b>S</b> _____
(Cell) _____	<b>S</b> _____
<b>Email Address (es):</b> _____	<b>S</b> _____
<b>IRS Identity Theft PIN #</b> _____	_____

*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
	- -		
	- -		
	- -		
	- -		

**3. If you paid federal or state estimates for tax year 2023, please complete the following:**

	Overpayment Applied			
1 <sup>st</sup> Quarter		Federal	State of _____	State of _____
2 <sup>nd</sup> Quarter		Date /Amount	Date/ Amount	Date/ Amount
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 \$ _____



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

**NOTICE: PLEASE NOTE YOU MUST FILE BENEFICIAL OWNERSHIP INFORMATION WITH THE US DEPARTMENT OF THE TREASURY**

13. If you received unemployment, PFML 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 4/15/24) to the following for 2023, please list the amount: N/A   
 Do not include any contributions made pre-tax.

Regular IRA  
 Roth IRA  
 Business Retirement Plan (type \_\_\_\_\_)  
 Family Education Savings Account/529 State \_\_\_\_\_

Taxpayer	Spouse	Other Person

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
- B. Medicare (per 1099-SSA only) Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ N/A
- C. Long – term care Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ N/A
- D. Health Savings Account 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 (.22/mile) N/A

**IMPORTANT:**

**Were you covered by health insurance during 2023? 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:**

- |    |  | <b>Property 1</b> | <b>Property 2</b> | <b>Property 3</b> |                              |
|----|--|-------------------|-------------------|-------------------|------------------------------|
| 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 \$ _____<br>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. 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 (.14) \_\_\_\_\_ 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), Sophmore (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 2023 please provide certification paperwork related to purchases and the amounts paid. N/A

26. 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. Rhode Island residents – If your household income was \$35,000 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 \_\_\_\_\_

29. Rhode Island residents - If you owe RI use tax please provide the amount \$ \_\_\_\_\_

N/A

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



**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	_____
Employee benefits	_____	Telephone	_____
Insurance (other than health, life & disability)	_____	Supplies	_____
Interest	_____	Taxes & licenses	_____
Legal & professional	_____	Employee ret. plans	_____
Office expense	_____	Travel	_____
Outside labor	_____	Meals	_____
		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 (.655)	_____	_____
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 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 (.655//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 2023, 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 \_\_\_\_\_