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

	Spouse							
If you are a new clie	nt, who were you r	eferred by?						
Address			Is this new? Y	'es 🔲 No 🗌				
City		State	Zip					
Social Security Num	ber(s):		S					
Date(s) of Birth:		S						
Telephone Numbers	: (Home)							
receptions rounders	(Work)		S S					
	(Cell)							
Email Address (es):	(ССП)		<u>S</u>					
IRS Identity Theft P			3					
TKS Identity There I								
If you would like to <b>pic</b>	<b>k-up</b> your tax retu	rns, please select this box	and circle above number	to be called				
If you are receiving ref	unds, would vou lik	ke them direct deposited?	Yes □ No □ Cho	ecking Savings				
		_ Routing #						
			<del></del> -					
<b>Dependents:</b>				N/A				
Name	Soc	ial Security Number	Relationship	Date of Birth				
If you paid federal or state estimates		Federal Date /Amount	State of Date/ Amount	State of Date/ Amount				
	Overpayment	Date // Amount	Date/ / mount	Date/ / mount				
for tax year 2023,	Applied							
please complete								
	1 <sup>st</sup> Quarter							
please complete	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter							
please complete	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quarter							
please complete	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quarter 4 <sup>th</sup> Quarter							
please complete	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quarter							
please complete the following:	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quarter 4 <sup>th</sup> Quarter <b>Total</b> worked, please in	dicate the number of plac	ces of employment which	h you received W-2 f N/A <table-cell></table-cell>				
please complete the following:  If you or your spouse from and enclose the  If you had interest or	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quarter 4 <sup>th</sup> Quarter Total worked, please in W-2 forms	_		N/A				
please complete the following:  If you or your spouse from and enclose the vice of 1099 forms	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quarter 4 <sup>th</sup> Quarter Total worked, please in W-2 forms dividend income (s and enclose the 1	including tax exempt ite 1099 forms	ms), please complete Su	N/A   pplement I. Indicate N/A				
please complete the following:  If you or your spouse from and enclose the '  If you had interest or number of 1099 forms  If you received a state	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quarter 4 <sup>th</sup> Quarter Total worked, please in W-2 forms dividend income ( 5 and enclose the 1	including tax exempt ite 099 forms d state taxes for a prior y	ms), please complete Suj	N/A   pplement I. Indicate N/A   e following: N/A				
If you or your spouse from and enclose the solumber of 1099 forms.  If you received a state State	1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Total worked, please in W-2 forms dividend income ( 5 and enclose the 1 tax refund or pai	(including tax exempt iter 1099 forms  d state taxes for a prior yeeived \$	ms), please complete Su year, please complete the Paic	N/A   pplement I. Indicate N/A   e following: N/A   1 \$				
please complete the following:  If you or your spouse from and enclose the '  If you had interest or number of 1099 forms  If you received a state	1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Total worked, please in W-2 forms dividend income ( 5 and enclose the 1 Rec Rec	including tax exempt ite 099 forms d state taxes for a prior y	ms), please complete Su year, please complete the Paic Paic	N/A   pplement I. Indicate N/A   e following: N/A				

you sold any prival currency pplement III. Please note: Stockyou own rents  If you receivee, distribution	e proprieto real estate y etc., plea k/Mutual fun al propert ved distril on code: (	e, etc., please ase obtain a sad basis informate	schedule of gai	osing disclosur	es. If you solo	l any stocks, mi and attach it or								
you sold any prival currency pplement III. Please note: Stockyou own rents  If you receivee, distribution	real estate y etc., plea k/Mutual fun al propert ved distril on code: (	e, etc., please ase obtain a s ad basis informa ty or receive	e enclose the closchedule of gai	osing disclosur	es. If you solo		utual funds,							
tual currency pplement III. Please note: Stoc you own rent  If you receivoe, distribution	y etc., plea .k/Mutual fun al propert ved distril on code: (	ase obtain a	schedule of gai											
Please note: Stoc you own rent If you receive, distribution	k/Mutual fun al propert ved distril on code: (	y or receive												
If you receivoe, distribution	ved distril on code: (	·	d royalty inco		** Please note: Stock/Mutual fund basis information is required**									
oe, distributio	on code: (	butions from	If you own rental property or received royalty income, please complete Supplement IV.											
			A. If you received distributions from or rolled over a pension/retirement fund, IRA, Roth IRA, etc., indicatype, distribution code: ( TYPES $>$ I = IRA, P= Pension or R = Roth) and related amounts.											
	he number		ns and enclose				N/A							
XPAYER:														
Payee	Type	Code	Gross Distribution			Fed. W/H	State W/H							
OUSE:	ı						1							
Payee	Туре	Code	Gross Distribution			Fed. W/H	State W/H							
d vou receive	required	minimum d	istributions fro	om vour retire	ment accounts									
				_		<u>-</u> 1								
						30 DI								
Taxpayer/ Spouse	Туре	Single S Family F	Gross	Earnings	Qualifying medical expenses	Qualifying tuition expenses	Qualifying room board supplies							
					CAPCHISCS	CAPCHSCS	заррпсь							
	Payee  POUSE:  Payee  d you receive d you use any If you receive nounts: (TYF	Payee Type  POUSE:  Payee Type  d you receive required d you use any distribut  If you received distribut nounts: (TYPES > H =	Payee Type Code  Payee Type Code  Payee Type Code  A you receive required minimum did you use any distributions for charmounts: (TYPES > H = HSA, E = E	Payee Type Code Gross Distribution  POUSE:  Payee Type Code Gross Distribution  d you receive required minimum distributions from an HSA, Edunounts: (TYPES > H = HSA, E = Education Savin  Taxpayer/ Type Single S Gross	Payee Type Code Gross Distribution Am  Payee Type Code Gross Tax  Payee Type Code Gross Distribution Am  Dis	Payee Type Code Gross Taxable Amount  POUSE:  Payee Type Code Gross Taxable Distribution Amount  Pouse:    Payee Type Code Gross Distribution Amount	Payee Type Code Gross Taxable Fed. W/H  COUSE:  Payee Type Code Gross Taxable Fed. W/H  Distribution Amount  Fed. W/H  Amount  Fed. W/H  Amount  OUSE:  Payee Type Code Gross Taxable Fed. W/H  Distribution Amount  Myou receive required minimum distributions from your retirement accounts? Y N N  d you use any distributions for charitable contributions? Y N N  If you received distributions from an HSA, Education Savings Account or 529 Plan, indicate the counts: (TYPES > H = HSA, E = Education Savings , 5 = 529 Plan, L = Long term care distributions? Y Taxable Family F  Spouse Family F  Gross Earnings Qualifying Qualifying medical tuition							

II ull L			ose the Form K-1's. garded entity Y			•	te the number of N/A		
		E NOTE YOU F THE TRE <i>A</i>	U MUST FILE BEN ASURY	NIFICIAL OW	NERSHIP 1	INFORMATI	ON WITH THE		
If you	received une	mployment, F	PFML or TCI please	e complete the	following a	nd enclose the	e 1099 forms. N/A		
<u>Taxpa</u>	<u>yer</u>			<u>Spouse</u>					
State	Amount \$		State W/H \$			Fed W/H \$			
If you	received Soci	ial Security be	enefits, please comp	olete the follow	ing and enc	lose the 1099	forms. N/A		
<u>Taxpay</u>	<u>yer</u>			Spouse					
Amt (E	Box5) \$		FED W/H \$	Amt (E	Box5) \$		FED W/H \$		
income \$	е.	Description					N/A		
\$ \$ \$		Description Description							
If you	made contrik	butions (or wi	g losses, if any: \$ Il before 4/15/24) to s made pre-tax.	the following			mount: N/A		
If you Do not	made contrik t include any	butions (or wi	ll before 4/15/24) to						
If you Do not	made contrib t include any	butions (or wi	ll before 4/15/24) to	the following		use Other			
If you Do not Regula Roth II Busine	made contrik t include any ar IRA RA sss Retirement	butions (or wi contributions	ll before 4/15/24) to s made pre-tax.	Taxpayo	er Spo	use Other Person			
If you Do not Regula Roth II Busine	made contrik t include any ar IRA RA sss Retirement	butions (or wi contributions	ll before 4/15/24) to s made pre-tax.	Taxpayo	er Spo	use Other			
Regula Roth II Busine Family	made contrib t include any ar IRA RA ess Retirement Education Sa	t Plan (typeavings Accoun	ll before 4/15/24) to s made pre-tax.	Taxpayo	er Spo	use Other Person			

19.			oaid for the following expen camounts paid pre-tax throug		
	A.	Medical insurance payr (Blue Cross, Delta Den		Spouse \$	N/A
	B.	Medicare (per 1099-SS	A only) Taxpayer \$	Spouse \$	N/A 🗌
	C.	Long – term care	Taxpayer \$	Spouse \$	N/A
	D.	Health Savings Accoun	t Taxpayer \$	Spouse \$	N/A
	E.	S corp health insurance	on W-2 Taxpayer \$	Spouse \$	N/A
	F.		expenses, doctors, dentists, n rection surgery, medicine an	urses, hospitals, hearing aids, dd drugs, etc. \$	entures, N/A
	G.	Medical related transpo	ortation \$	Miles (.22	/mile) N/A
20.			oaid for the following taxes:	Marketplace (1095-A)  Property 1 Property \$ \$	2 Property 3
	B.	Personal property/excis	se taxes (auto, etc.) \$		N/A
	C.		or vehicle please list sales tax cant 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
			e. If new please provide a conhe mortgage in number of ye	py of the closing disclosures arears. \$	d <b>N/A</b>
		3. Investment / margin	interest expense. \$		N/A

	s to charity: charitable contributions N	MUST be docume	iiteu by a can	celled check or receipt	•
A.	Gifts, by cash or check	\$			N/A
B.	Charitable /Volunteer m	iles (.14)			N/A
C.	For gifts of property to a	a charitable organiz	zation, please o	complete the following:	N/A
		<u>Organiz</u>	zation #1	Organization #2	
	Charitable organization				
	Complete address				_
	of organization		<del></del>		
	Description of property				
	Date of contribution				_
	Date acquired				
	Purchase price				_
	Fair market value		· · · · · · · · · · · · · · · · · · ·		_
					_
	ou had a theft, fire, etc., a		pocket loss gr	eater than 10% of you	
adju	usted gross income, please ou paid expenses for the c	check here.	en, please cor	nplete the following:	N/A
If you	isted gross income, please	are of your childr x 10 of Form W-2 Child's na	en, please cor (s). \$ me	nplete the following:	N/A   N/A   Provider #1 or #2
If you	ou paid expenses for the cose indicate amount in Boste of child and	e check here.  are of your childr x 10 of Form W-2	en, please cor (s). \$ me	nplete the following:  Amount	N/A
If you	ou paid expenses for the cose indicate amount in Boste of child and	are of your childr x 10 of Form W-2 Child's na	en, please cor (s). \$ me	Amount  \$	N/A   N/A   Provider #1 or #2
If you Plea Name amount Name	ou paid expenses for the cose indicate amount in Bostone of child and unt paid to provider:	are of your childr x 10 of Form W-2 Child's na	en, please cor (s). \$ me	Amount  \$ \$ \$ \$	N/A   N/A   Provider #1 or #2
If you Plea Name amount Name	ou paid expenses for the cose indicate amount in Bose of child and unt paid to provider:	are of your childr x 10 of Form W-2 Child's na	en, please cor (s). \$ me	Amount  \$ \$ \$ \$	N/A   N/A   Provider #1 or #2
If you Plea Nama amoo	ou paid expenses for the cose indicate amount in Bount paid to provider:	are of your childr x 10 of Form W-2 Child's na	en, please cor (s). \$ me	Amount  \$ \$ \$ \$	N/A   N/A   Provider #1 or #2
If you Plea Nama amore	ou paid expenses for the cose indicate amount in Borne of child and unt paid to provider:	are of your childr  x 10 of Form W-2  Child's nate	ren, please cor	Amount \$ \$ \$ Provider #2	N/A   N/A   Provider #1 or #2
If you Plea Namamoo	ou paid expenses for the cose indicate amount in Boste of child and unt paid to provider:  D#  ege Education Credits. F	e check here.  are of your childrex 10 of Form W-2 Child's nate of Your Child's nate of Your Child's nate of Your Child's nate of Your House o	ren, please cor (s). \$ me ired. If you p	Amount \$ \$ \$ Provider #2	N/A   Provider #1 or #2  Provider #1 or #2
If you Plea Namamoo	ou paid expenses for the cose indicate amount in Borne of child and unt paid to provider:	are of your childr x 10 of Form W-2 Child's nate of your childr Child's nate of your children Corm 1098-T requestion Child's nate of your children Corm 1098-T requestion Child's nate of your children Corm 1098-T requestion Children Child's nate of your children	ren, please cor  (s). \$  me  ired. If you p d indicate if F	Amount  S S Provider #2  aid tuition and fees foreshman (F), Sophmore	N/A   N/A   Provider #1 or #2  r higher education, re (S), Junior (J),
If you Plea Namamoo	sted gross income, please ou paid expenses for the c se indicate amount in Bor le of child and unt paid to provider:  le uplete address D # ege Education Credits. F se list the student's name	are of your childr x 10 of Form W-2 Child's nate of your childr Child's nate of your children Corm 1098-T requestion Child's nate of your children Corm 1098-T requestion Child's nate of your children Corm 1098-T requestion Children Child's nate of your children	ren, please cor  (s). \$  me  ired. If you p d indicate if F	Amount  S S S Provider #2  aid tuition and fees for reshman (F), Sophmon 4 years check here.	N/A   N/A   Provider #1 or #2  r higher education, re (S), Junior (J),
If you Plea Namamoo	sted gross income, please ou paid expenses for the c se indicate amount in Bor le of child and unt paid to provider:  le uplete address D # ege Education Credits. F se list the student's name	are of your childr x 10 of Form W-2 Child's nate of your childr Child's nate of your children Corm 1098-T requestion Child's nate of your children Corm 1098-T requestion Child's nate of your children Corm 1098-T requestion Children Child's nate of your children	ren, please cor  (s). \$  me  ired. If you p d indicate if F	Amount \$ \$ \$ Provider #2  aid tuition and fees foreshman (F), Sophmonan 4 years check here.  Acade	N/A   Provider #1 or #2  Provider #1 or #2  r higher education, re (S), Junior (J),
If you Plea Namamoo	sted gross income, please ou paid expenses for the c se indicate amount in Bor ie of child and unt paid to provider:  ie uplete address D # ege Education Credits. F se list the student's name or (Sr) or Graduate Scho	e check here.  are of your childrex 10 of Form W-2 Child's nate of Your Child's nate of Your Hard and Your Paid and You (G) and if in scenario (G) and if in scenario (G)	ren, please cor  (s). \$  me  ired. If you p d indicate if F	Amount \$ \$ \$ Provider #2  aid tuition and fees foreshman (F), Sophmonan 4 years check here.  Acade	N/A   Provider #1 or #2  Provider #1 or #2  r higher education, re (S), Junior (J),  mic Year
If you Plea Namamoo	ou paid expenses for the cose indicate amount in Borne of child and unt paid to provider:  D #  ege Education Credits. For se list the student's name or (Sr) or Graduate School.	e check here.  are of your childrex 10 of Form W-2 Child's nate of Your Child's nate of Your Hard and Your Paid and You (G) and if in scenario (G) and if in scenario (G)	ren, please cor  (s). \$  me  ired. If you p d indicate if F	Amount \$ \$ \$ Provider #2  aid tuition and fees foreshman (F), Sophmonan 4 years check here.  Acade	N/A   Provider #1 or #2  Provider #1 or #2  r higher education, re (S), Junior (J),  mic Year

26.	Massachusetts residents – If you paid rent, please complete the following:	<b>N/A</b>
	Landlord's name & address	
	Amount paid	
	Dates lived there	
27. 28.	Massachusetts employees - Please provide work related commuter expenses \$	
	Landlord's name & address	- -
		_
	Property taxes or rent paid	
9.	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 Interest	Bond Premium	US Government	Total Exemp	ot In Ex	-State xempt	Private Activity Premium	Early Withdrawal Penalty	Federal Withholding
		_								
		_ 📙			_					
		_			_					
		_								
		_ 🗆				<u> </u>				
		_ 🖺			_					
Totals		<del>_</del> _								
				DIVIDENI	D INCOME					
Payer	Ordinary Dividend	Qualified Dividends	Capital Gain Distributions	199	US Government	Total Exempt	In-State Exempt	Private Activity Premium	Foreign Tax	Federal Withholding
									<u> </u>	
										_
Totals										

IF YOU HAVE ANY BANK ACCOUNTS IN FOREIGN COUNTRIES PLEASE CHECK HERE \_\_\_

## Supplement II <u>SELF – EMPLOYED BUSINESS / FARM</u> Please prepare a separate supplement for each sole proprietorship or farm

ess		
cription		
Income		(Please enclose any 1099 forms received)
	Coode Cold.	(I least chelost any 1077 forms received)
	Goods Sold:	M-4:-1 %1:
Purchase	y, beginning	Material & supplies Other
Cost of l		Inventory, ending
Expense		
Advertis		Rent or lease:
Bank cha		Equipment
Commis	sions & fees	Business property
		Repairs &
	& freight	maintenance
Dues & 1	publications	<u> </u>
		Utilities
	ee benefits	Telephone
	ee (other than	Supplies
health, li		Taxes & licenses
disability	y)	Employee ret.
Interest		plans
	professional	Travel
Office ex	xpense	Meals
Outside 1	labor	Wages
		Other:
Did you	issue 1099's? Y N	
Importa	int: Mileage must be substantiated v	with an auto log. Mileage cannot be estimated.
		Auto 1 Auto 2
	Year/Gross Vehicle Weight	
	to placed in service	
	f lease car at inception	
	les for year	
	s miles (.655)	
Commut	ting miles/daily round trip	
Gas		
	<u></u>	
Insuranc		
Insuranc Lease pa	yments	
Lease pa	clusion	
Lease pa Lease in	& tolls	
Lease pa Lease in Parking Property	clusion	
Lease pa Lease in Parking Property	& tolls	
Lease pa Lease in Parking Property Repairs	clusion & tolls tax & maintenance	
Lease pa Lease in Parking Property Repairs Interest License	clusion & tolls tax & maintenance fees	llowing amounts:
Lease pa Lease in Parking Property Repairs Interest License	clusion & tolls tax & maintenance	ollowing amounts: Insurance
Lease pa Lease in Parking Property Repairs Interest License If claimi	clusion & tolls tax & maintenance fees	Insurance
Lease pa Lease in Parking Property Repairs Interest License If claimi Interest Taxes	clusion & tolls tax & maintenance fees ing a home office, please fill in the fo	Insurance Utilities
Lease pa Lease in Parking Property Repairs Interest License If claimi Interest Taxes Repairs	clusion & tolls ' tax & maintenance fees ing a home office, please fill in the fo	Insurance Utilities Other:
Lease pa Lease in Parking Property Repairs Interest License If claimi Interest Taxes Repairs Total roo	clusion & tolls tax & maintenance fees ing a home office, please fill in the fo	Insurance Utilities

in you purchased or sold any assets used in the business (e.g., auto, equipment, etc.), p 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 2023. \*\*

\*\* 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							

<sup>\*</sup> For real estate transactions please provide copies of the closing disclosures

### Supplement IV RENTAL PROPERTY/ROYALTY SUPPLEMENT

~	1.	#1	#2	#3				
	mplete							
pro	operty address							
%	of ownership							
	pe of property							
•	mmercial or							
	idential) Rental income							
1.								
2.	Royalty income							
3.	Expenses:							
	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 agreemen or closing disclosures.							
		pairs or improvements to the rent d. (NOT INCLUDED IN ABO		at was done, how much it cost				
5.		l a property for more than 14 day Property #	·					
	# of days rented	# of days rented	# of days ren	ted				
	# of days personal use	# of days personal use	e # of days per	rsonal use				
6.	If you used any outside labor	r did you issue 1099's? Yes	No					