

MELUCCI, BISSONNETTE & COMPANY, LTD.
INCOME TAX ORGANIZER
2024

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 # _____ **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 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 2024, please complete the following:**

Overpayment Applied

1st Quarter
2nd Quarter
3rd Quarter
4th Quarter
Total

Federal	State of _____	State of _____
Date /Amount	Date/ Amount	Date/ Amount

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:

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

SPOUSE:

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

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 ☐

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 ☐

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 ☐

Taxpayer

Spouse

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 4/15/25) to the following for 2024, 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 Taxpayer \$ _____ Spouse \$ _____ N/A ☐
(Blue Cross, Delta Dental, etc.)
- 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 (.21/mile) N/A ☐

IMPORTANT:

Were you covered by health insurance during 2024? 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. 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 2024 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 \$ _____ N/A ☐

28. Rhode Island residents – If your household income was \$39,275 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 I

INTEREST INCOME

[illegible]

DIVIDEND INCOME

[illegible]

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 _____
Employee benefits _____	Telephone _____
Insurance (other than _____	Supplies _____
health, life & _____	Taxes & licenses _____
disability) _____	Employee retirement _____
Interest _____	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 (.67)	_____	_____
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

Supplement III

SCHEDULE OF CAPITAL GAINS AND LOSSES

**** This information is required if you sold stocks, mutual funds or capital assets during 2024. ****

**** 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 (.67/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 2024, 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 _____