

2022 INDIVIDUAL INCOME TAX RETURN QUESTIONNAIRE

Filing Status:	Single Married Filing Joint	Qualifying Su	rviving Spouse ¹	Head of Household ²	Married Filing Separate
in year 2022 only	Married (date:		Divorced (date: Spouse	Death (date:	
Name Occupation SSN/ITIN Work Phone Mobile Phone Best Time to Call Email	Date of Birth Disabled Blind	1			Date of Birth Disabled o Blind o
Address				Postco	de
City	ear's Tax Return (if different)		State		
1 January 2023 home for the enter 2 Must be unmarri is the principal h not live in your h	ng must apply: your spouse died in and you paid over half the cost of tire year. ed (or considered unmarried) at the tome of a qualifying person (gene home during the last six months of with you to qualify.	f maintaining your end of the trailing your child	your home, which w ax year, and mainta d or relative). You n	vas your dependant ch in a home that for mon nay be considered uni	nild's (or stepchild's) main re than half of the tax year married if your spouse did

Personal Income Tax List and Deduction Finder

TAX-LIST

Documents needed in addition to your completed organiser:

All Forms W-2 (wages), 1095, 1098, and 1099 (such as 1099-INT for interest; 1099-DIV for dividends; 1099-B for sale of securities; 1099-R for annuities, pensions, IRA or other retirement plan withdrawals; 1099-G for state tax refunds, unemployment compensation, etc.; 1099-S for real estate sales; SSA-1099 for social security; 1099-K for merchant card and third-party network payments; 1099-MISC for rents, royalties, prizes, and awards, etc.; and 1099-NEC for non-employee compensation, etc.). Include all copies.

Schedules K-1 for partnerships, S corporations, estates, or trusts. (**Note:** You do not need these docu-ments to make your tax appointment. You can provide them at a later date.)

If you are a new client, provide copies of tax returns for the last two (2) years.

Note: When completing your questionnaire, round all amounts to the nearest dollar. For married couples, questions referring to "you" generally mean you and your spouse.

ă.	STE	The following items may affect your tax return. Please answer carefully
These	questi	ons pertain to calendar year 2022 unless otherwise noted.
1) Y	Ν	Did you pay or receive alimony? Do not include child support. (Select one.) Pay Receive
		To / From: Name Social Security Number Amount\$
		Date of original divorce or separation agreement:
2)Y	N	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
3)Y	N	For the ENTIRE YEAR, did you, your spouse, and your dependants have health care coverage provided by either an employer or the government (Medicare, Medicaid, CC, or VA)? If insured for only part-year, please write in the dates insured Dates insured:
4)Y	Ν	Did you (or do you plan to before 18 April 2023) contribute to a traditional IRA or Roth IRA for 2022?
		Self: Traditional IRA\$ Roth IRA\$ Spouse: Traditional IRA\$ Roth IRA\$
5)Y	N	Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2022? If yes, amount converted/rolled over: \$
6)Y	N	Did you (or do you plan to before 18 April 2023) contribute to a health savings account (HSA) for 2022?
		Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your Form W-2.)
		Self: \$ Spouse: \$ Type of health plan coverage: Self-only Family
7)Y	N	Did you receive any distributions from your health savings account (HSA)?
		Amount of distributions: \$ Amount of unreimbursed qualified medical expenses (attach list):\$
8)Y	N	Are you a grade K-12 teacher?
-		If yes, enter amount of out-of-pocket classroom costs you paid \$
9)Y	N	Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school, or look for a job? If yes, provide the amounts paid for each individual and the names, addresses, and taxpayer identification numbers of the care providers.
		Amount, if any, reimbursed by an employer dependent care plan: \$
10) Y	N	Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list).
11) Y	N	Did you pay any individual \$2,400 (on a W2 or 1099) or more to perform household services during the year, such as a nanny, carer, housekeeper, cook, or gardener?
12) Y	N	Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy?
13) Y	N	Did you have a financial interest in, or signature authority over, a financial account (such as a bank, securities, or brokerage account) located in a foreign country at any time during 2022? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S.
		Y N If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year?
14)Y	N	Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?
15) Y	N	Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)?
16)Y	N	Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign part-nership) that are not held in a financial account?
17)T	S	Do you (T) [or your spouse (S)] want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3.
18) Y	N	Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number, and personal identification number of individual if not preparer.
		Name: Phone Number: Identification Number:
19)Y	N	Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from
		the IRS? If yes, enter six-digit code: Self: Spouse:
20)Y	N	Did you make gifts to a trust or gifts totalling more than \$16,000 to any individual during the year? If so, provide recipient's name, address, relationship to you, and the amount of the gift.
21) Y	N	Did you receive a Pay-check Protection Programme loan for your Schedule C business? Amount \$ Amount forgiven \$

STEP 1 (Continued)

Tick any of the boxes below that apply to you for 2022:

- o Purchased health insurance for yourself or a family member through the Health Insurance Marketplace (Exchange). [Attach Form 1095-A and CA Form 3895 (Heath Insurance Marketplace Statement).]
- o Had been granted stock options by your employer and/or exercised employer stock options.
- o Owned any securities or held any debts that became worthless during the year.
- o Contributed to or received distributions from an Archer Medical Savings Account (MSA).
- o Travelled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.
- o Performed services in the performing arts for at least two employers.
- o Lived or worked in a foreign country.
- o Purchase date and model/make of a new plug-in electric vehicle:
- o Was in the military (or reservist).
- o Was an active-duty member of the military and moved pursuant to a military order and incident to a permanent change of station.
- o Received any notice from the IRS or a state taxing authority.
- o Did you receive the California Middle Class Tax Refund in 2022? If yes, please provide the corresponding 1099-MISC.
- o I can be claimed as a dependant on another person's tax return for 2022.

STEP 2	Dependants (please attach additional sheets, if necessary)						
	if attending school full time for at least five months duri more than half of their own support. Parmanetly and tot			Is 2022 Unearned (Investment) Income less than			
Full Name	(First name + Surname)	Date of Birth	SSN	\$1,150?			
 Tick if it is possib 	le that a different taxpayer might claim a ch	ild listed above as a depe	endant.				

o Tick if you are divorced and either signed or received Form 8332 (release of exemption for child). (Provide Form 8332.)

Other Dependants (relatives and/or members of household)	Relationship	Social Secuirty Number	Is 2022 Gross Income less than \$4,400?	N° of months resided in your home in 2022?	% of support received from you
					111101171
4					

STEP 3	Income			
		WagesProv	vide all Forms W-2	
Number of employers (du	uring the year):	Self:	Spouse:	

Divident and Interest Income

Provide all Forms 1099-INT, 1099-DIV, and 1099-OID. List interest and dividends not reported on Form 1099 on a separate sheet, but do not duplicate what's reported on the 1099s. Also, list any penalty on early withdrawal from savings.

STEP 4 Education Expenses	6 (attach fo	rms 1098-	E, 1	098- T ,	and 109	9-Q)	
Include information about education exp	enses incur	ed for you,	your	spouse	, or your	depe	ndants.	
Student's Name 2) If in university, was student enrolled at least half-time for at least one academic period beginning in 2022?	Yes	No		Yes	No		Yes	No
Felony Conviction? Educational Purpose (degree seeking, job related) Name of Institution		No		Yes	No	_	Yes	No
6) Total Amount Paid (attach detailed list of expenses) 7) Paid By Whom?			\$			 	\$	
Indicate whether or not student was convicted before 31			poss	ession o	or distribu	tion o	l of a control	led substance.
STEP 5 Itemized Deductions	3							
Complete this step only if you think your total itemized dedu		exceed the II	RS st	andard o	deduction	for y	our filing sta	atus (see below).
	standard							
			Sta	ndard			Add for	
Filing Status				duction			and/or O	
Married Filing Jointly or Qualifying Surviving Spouse				25,900	+	-	\$ 1,4	
Single				12,950			1,7	
Head of Household				19,400			1,7	
Married Filing Separately				12,950			1,4	.00
Did your spouse itemise deductions on a separate return			us a	lien)?		Yes	s N	10
Medica	I Expen	ses				Yes	5 N	lo
	Expen	S CS % of Adjuste	ed G	ross Inc	come			
Medica Deductible only if net expenses	Expen exceed 7.5% by insurance	Ses 6 of Adjuste 6 or health in	ed G	ross Inc	come emiums pa	aid w	ith pre-tax	
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed	Expenexceed 7.5% by insurance of claim as a n and dental	Ses 6 of Adjuste 6 or health in dependant? insurance	ed G nsura Yes	ross Inc ance pre	come emiums pa	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot Health Insurance Premiums¹ (include premiums for vision)	Expenexceed 7.5% by insurance of claim as a n and dental	Ses 6 of Adjuste e or health in dependant? insurance	ed G nsura	ross Inc	come emiums pa	aid w	ith pre-tax	income.
Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot the the thickness of the premiums for vision but not for disability or loss of income policies)	Expenexceed 7.5% by insurance of claim as a n and dental	Ses 6 of Adjuste e or health in dependant? insurance	ed G nsura Yes	ross Inc	emiums pa	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot Health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	Expenexceed 7.5% by insurance of claim as a n and dental	Ses 6 of Adjuste 6 or health in dependant? insurance	ed G	ross Inc ance pre	emiums pa	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot Health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	Expen exceed 7.5% by insurance of claim as a n and dental	SeS 6 of Adjuste e or health in dependant? insurance	ed G	ross Inc	emiums pa	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	Expenexceed 7.5% by insurance of claim as a in and dental	Ses 6 of Adjuste e or health in dependant? insurance	ed G	ross Inc	emiums pa	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	Expen exceed 7.5% by insurance of claim as a in and dental	SeS 6 of Adjuste e or health in dependant? insurance	Yes	ross Inc	emiums pa	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	exceed 7.5% by insurance of claim as a n and dental	Ses 6 of Adjuste e or health in dependant? insurance	ed G	ross Ind	Apove	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	exceed 7.5% by insurance of claim as a in and dental	SeS 6 of Adjuste 6 or health in dependant? insurance	Yes	ross Inc	Apove	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	exceed 7.5% by insurance of claim as a in and dental	Ses 6 of Adjuste e or health in dependant? insurance	Yes	ross Inc	Note Above	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	exceed 7.5% by insurance of claim as a in and dental	Ses 6 of Adjuste 9 or health in dependant? insurance	Yes	ross Inc	the Note Above	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	exceed 7.5% by insurance of claim as a in and dental	Ses 6 of Adjuste e or health in dependant? insurance	Yes	ross Inc	the Note Above	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	exceed 7.5% by insurance of claim as a in and dental	Ses 6 of Adjuste 9 or health in dependant? insurance	Yes	ross Inc	ind the Note Above	aid w	ith pre-tax	income.
Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	exceed 7.5% by insurance of claim as a in and dental	Ses 6 of Adjuste e or health in dependant? insurance	Yes	ross Inc	Wind the Note Above	aid w	ith pre-tax	income.
Deductible only if net expenses Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	exceed 7.5% by insurance of claim as a in and dental	Ses 6 of Adjuste e or health in dependant? insurance	Yes	ross Inc	Wind the Note Above	aid w	ith pre-tax	income.
Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	Expen exceed 7.5% by insurance of claim as a n and dental	Ses 6 of Adjuste e or health in dependant? insurance	Yes	ross Inc	Wind the Note Above	aid w	ith pre-tax	income.
Note: Do not include amounts paid for or reimbursed Did you pay medical expenses for a person you cannot health Insurance Premiums¹ (include premiums for vision but not for disability or loss of income policies)	Expenexceed 7.5% by insurance of claim as a in and dental	ses 6 of Adjuste 9 or health in dependant? insurance	Yes	ross Inc	Wind the Note Above	aid w	ith pre-tax	income.

STEP 5	Itemized Deductions (Contin	ued)	
	Taxes		
Note: In 2022, the deductaxes are not deductible.	tion for state and local taxes is limited to \$10,000 (\$5,000 if married filing sepa	rate) and foreign real estate
paid with 2021 return State and Local Sales Ta	Taxes Paid in 2022 (include 2022 estimated tax payn)ax Paid for Major Purchases (motor vehicles, boats ding materials, if rate same as general sales tax ra	, aeroplanes,	
Foreign Taxes (other tha	n foreign real estate taxes)		
Real Estate Taxes-Hom	estead (less special assessments)		
Other Real Estate Taxes	(second home, cabin, etc. but not foreign real esta	te taxes)	
Property Tax Refund			
Special Assessments-In	iterest Portion Only		
Personal Property Taxes	(auto licence tags, etc.)		
	Charitable Donat	ions	
a written receipt from the	s under \$250 each must be substantiated by eithe charity showing its name and the date and amound written acknowledgment from the charity.		
Cash, Cheque, or Cred	dit Card (include payroll deductions):		
Churches or Synago	gues		. \$
Other:			
Other:			
Other: Noncash:			
Attach list of each it	MV) of Items Given to Charitiesem (or group of similar items) and its FMV. If a vehicle form 1098-C.		
Out-of-Pocket Expense	es for Charitable Work		
Charitable Miles:	Miles x 14 ¢ =		·· ·
Other:			
	Miscellaneous Ex	penses	
	aneous itemised deductions (for example, repudiate re no longer deductible.	ed employee business expe	nses, investment
-	nited to Total Gambling Winningst-Related Work Expenses		
	Casualty Loss		
Casualty, Disaster, and T	heft Losses. Provide details.		
	Interest Paid (provide a	II form 1098)	
<u> </u>		Primary Residence	Second Home
	r-financed, provide seller's name/address/SSN)	\$	\$
	Proceeds Used for:ed on Form 1099-INT		
Investment Interest Paid	\$		

STEF	P 6		Princ	cipal Residence (attach any 2022 closing statements)				
Yes	No	Did y	ou sell yo	ur principal residence in 2022? If yes:				
		Yes	No	Did you own and use it as a principal residence for at least two of five years before the sale?				
		Yes	No	Did you sell a previous residence within two years before the sale date and exclude any gain?				
		Yes	No	After 2008, was the property ever used for anything other than as a principal residence (for example, as a holiday house or rental property)?				
Yes	No	Did yo	ou purcha	ase a residence in 2022?				
Yes	No	Did yo	Did you refinance your mortgage or take out a home equity loan in 2022?					
		Amou	Amount of proceeds used for something other than acquiring or improving your home: \$					
Yes	No	Did you purchase any energy-efficient improvements such as solar electric, solar water heating, fuel cell, small wind energy, geothermal heat pump, or biomass fuel property, or energy-efficient exterior doors, windows, insulation, heat pumps, taps, central air conditioners, or water heaters?						
Yes	No	Did yo	ou receive	e a first-time home-buyer credit for a home purchased in				
103	INO	2008?	If yes, e	nter the amount of the credit: \$				

STEP 7 2022 Estimated	2022 Estimated Tax Payments*							
	Federal	Date Paid	State	Date Paid				
Amount applied from 2021 overpayment, if any: \$ First Quarter Payment Made			\$					

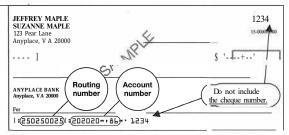
STEP 8 Tax Refund - Direct Deposit Information

If you receive a 2022 federal tax refund, the refund can be routed to up to three of your chequeing or savings accounts. {Tax refunds may also be directly deposited to your IRA, Health Savings Account, Archer MSA, Education Savings Account, or Treasury Direct Account. If you prefer a direct deposit, please complete the following information. Otherwise a refund cheque will be posted to you at the address on your tax return.

Type of Account (Chequeing, Savings, IRA, etc.)	Routing Number (Nine digits)	Account Number	Name of Bank
	- ja		IK.

Sample cheque:

Note: The routing and account numbers may be in different places on your cheque.



PS: You can also consult your bank's mobile app to obtain your account and routing number.

Privacy Policy:

We collect nonpublic information about you from the following sources:

- Information we receive from you on applications, tax organisers, worksheets, and other forms;
- 2) Information about your transactions with us, our affiliates, or others;
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

How did you hear about Tax Strategies?

	*Bank Car	d/Credit Card	***Bank Product
	Zelle	Cash	**Cheque (check)
Hov	wwill you pay for the	tax preparation (Please circle o	one):
TC	you Refer any new clients s who? nk you,for the recommen	s to us <u>this</u> year? 	
	OTHER:		
O		IBER- Name:	-
0	OUR WEB SITE		
0 0	YELP GOOGLE		
\cap			

^{*}There is a surcharge of 3.0% for using this method of payment.

**No post-dated cheque or credit. (Please do not ask)

**There is a \$25.00 fee for a returned personal cheque.

^{***}Bank Product has a \$105.00 surcharge from the bank for using this service to deduct prep fee from refund. Additionally, you must be up to date with your taxes and not currently participating in any instalment agreement or child support that could garnishes your wages.