

Guardian Tax Services LLC
Income Tax Preparation Client Information Questionnaire

INSTRUCTIONS: Answer <u>All</u> questions with an answer or a N/A. For joint filings, put a "T" before taxpayer's information and a "S" before spouse's information. If more space is needed, use the space below or attach blank pages.			
SECTION 1		PERSONAL INFORMATION	
1	Taxpayer's First Name	MI	Last Name
2	Social Security Number _____ - _____ - _____		
3	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>		
4	Street Address		Apt#
5	City	State	Zip Code
6	Home Phone	Work Phone	Email
7	Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth: month _____ day _____ year _____	
8	Occupation	\$3 to Presidential Campaign Fund Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Can you be claimed as a dependent on another's return Yes <input type="checkbox"/> No <input type="checkbox"/>		
10	Spouse's First Name	MI	Last Name
11	Social Security Number _____ - _____ - _____		
12	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>		
13	Street Address		Apt#
14	City	State	Zip Code
15	Home Phone	Work Phone	Email
16	Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth: month _____ day _____ year _____	
17	Occupation	\$3 to Presidential Campaign Fund Yes <input type="checkbox"/> No <input type="checkbox"/>	
18	Can you be claimed as a dependent on another's return Yes <input type="checkbox"/> No <input type="checkbox"/>		
SECTION 2		FILING STATUS	
19	Single <input type="checkbox"/> <input type="checkbox"/> (Never married, unmarried as of December 31, 2018, or legally separated)		
20	Married Filing Jointly <input type="checkbox"/> (Married as of December 31, 2018)		
21	Married Filing Separately <input type="checkbox"/>	Spouse's Name and SS#	
23	Qualifying Widow(er) <input type="checkbox"/> (Leave blank if you do not know if you qualify)		
SECTION 3		DEPENDENT INFORMATION	
25	1st Dependent's First Name	MI	Last Name
26	Social Security Number	_____ - _____ - _____	Date of birth
27	Relationship (son, daughter, etc.)		Dependent's gross income in 2018
28	Number of months they lived in your home in 2018		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>
29	2nd Dependent's First Name	MI	Last Name
30	Social Security Number	_____ - _____ - _____	Date of birth
31	Relationship (son, daughter, etc.)		Dependent's gross income in 2018
32	Number of months they lived in your home in 2018		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>
33	3rd Dependent's First Name	MI	Last Name
34	Social Security Number	_____ - _____ - _____	Date of birth
35	Relationship (son, daughter, etc.)		Dependent's gross income in 2018
36	Number of months they lived in your home in 2018		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>
37	4th Dependent's First Name	MI	Last Name
38	Social Security Number	_____ - _____ - _____	Date of birth
39	Relationship (son, daughter, etc.)		Dependent's gross income in 2018
40	Number of months they lived in your home in 2018		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 4 HEALTH INSURANCE COVERAGE														
Did you receive any of the following IRS documents?														
Form 1095-A (Health Insurance Marketplace Statement)														
Form 1095-B (Health Coverage) Yes No														
Form 1095-C (Employer Provided Health Insurance Offer and Coverage)														
Complete the information below if you or any individual included in your "tax family" that did NOT have insurance coverage for any month of 2018.														
First Name	Last Name	Birthdate	Please circle the months not covered last year											
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
SECTION 5 INCOME														
41	Do you have any Social Security Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
42	Do you have any interest income NOT listed on a 1099INT? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: \$													
43	Do you have any dividends from stocks NOT listed on a 1099DIV? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
44														
45	Did you sell any stocks or bonds in 2018? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
46	Did you have any rental income from property you owned? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
47	Any other income such as prizes, gambling winnings, jury duty, etc.? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
SECTION 6 DEDUCTIONS														
48	Do you have any child care expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
	Name of Care Provider										Phone #			
	Address													
	Employer I D # or Social Security #													
49	Do you have any student loan interest deductions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
50	Do you have any IRA deductions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
51	Did you pay interest and property taxes on your home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
52	Did you pay any alimony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
53	Did you have un-reimbursed medical and dental expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
SECTION 6 GENERAL QUESTIONS														
54	Are any dependents listed in SECTION 3 permanently disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>													
55	Where you a student at any time during 2018? Yes <input type="checkbox"/> No <input type="checkbox"/> How long?													
	How much did you pay for tuition, fees, books and other school supplies?										Amount: \$			
56	Did you file a federal tax return last year? Yes <input type="checkbox"/> No <input type="checkbox"/> A state tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>													
57	Did you itemize your deductions last year? Yes <input type="checkbox"/> No <input type="checkbox"/>													
	* Items 59, 60, 61 and 62 must be completed:													
58	* Do you owe any back taxes? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
59	* Do you owe any back child support payments? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
60	* Do you owe any money on a defaulted student loan? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
61	* Did you receive a federal tax refund last year? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$													
62	If you are in the following occupations, special deductions may apply:													
	Teacher <input type="checkbox"/> Fire fighter <input type="checkbox"/> Police <input type="checkbox"/> Long haul trucker <input type="checkbox"/> Clergy <input type="checkbox"/> Actor/ Artist <input type="checkbox"/>													
63	Number of Form W2's attached						Number of Form 1099R attached							
64	Number of Form 1099 INT attached						Number of Form 1099G attached							
65	Number of Form 1099 DIV attached						Number of other Forms attached							

