

**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.			
<b>SECTION 1 PERSONAL INFORMATION</b>			
1	Taxpayer's First Name	MI	Last Name
2	Social Security Number	_____ - _____ - _____	
3	Marital Status:    Single                      Married                      Separated                      Divorced                      Widow		
4	Street Address	Apt#	
5	City	State	Zip Code
6	Home Phone	Work Phone	Email
7	Blind:    Yes                      No	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                      No		
10	Spouse's First Name	MI	Last Name
11	Social Security Number	_____ - _____ - _____	
12	Marital Status:    Single                      Married                      Separated                      Divorced                      Widow		
13	Street Address	Apt#	
14	City	State	Zip Code
15	Home Phone	Work Phone	Email
16	Blind:    Yes                      No	Date of Birth: month _____ day _____ year _____	
17	Occupation	\$3 to Presidential Campaign Fund    Yes                      No	
18	Can you be claimed as a dependent on another's return                      Yes                      No		
<b>SECTION 2 FILING STATUS</b>			
19	Single <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)		
<b>SECTION 3 DEPENDENT INFORMATION</b>			
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                      No	
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                      No	
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                      No	
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                      No	

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) <span style="float: right;">Yes <span style="margin-left: 100px;">No</span></span>														
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? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
42	Do you have any interest income NOT listed on a 1099INT? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">Yes, Amount: \$</span>													
43	Do you have any dividends from stocks NOT listed on a 1099DIV? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
44														
45	Did you sell any stocks or bonds in 2018? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
46	Did you have any rental income from property you owned? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
47	Any other income such as prizes, gambling winnings, jury duty, etc.? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
SECTION 6		DEDUCTIONS												
48	Do you have any child care expenses? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
	Name of Care Provider											Phone #		
	Address													
	Employer I D # or Social Security #													
49	Do you have any student loan interest deductions? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
50	Do you have any IRA deductions? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
51	Did you pay interest and property taxes on your home? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
52	Did you pay any alimony? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
53	Did you have un-reimbursed medical and dental expenses? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
SECTION 6		GENERAL QUESTIONS												
54	Are any dependents listed in SECTION 3 permanently disabled? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span>													
55	Were you a student at any time during 2018? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">How long?</span>													
	How much did you pay for tuition, fees, books and other school supplies?											Amount: \$		
56	Did you file a federal tax return last year? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span>   A state tax return? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span>													
57	Did you itemize your deductions last year? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span>													
	* Items 59, 60, 61 and 62 must be completed:													
58	* Do you owe any back taxes? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
59	* Do you owe any back child support payments? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
60	* Do you owe any money on a defaulted student loan? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
61	* Did you receive a federal tax refund last year? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">If Yes, Amount: \$</span>													
62	If you are in the following occupations, special deductions may apply:													
	Teacher	Fire fighter	Police	Long haul trucker	Clergy	Actor/ Artist								
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							

