

**Guardian Tax Services LLC**  
**Income Tax Preparation Client Information Questionnaire**

INSTRUCTIONS: Answer All 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</b>             |  |   |                       | <b>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      | No            |  |
| 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</b>             |  |   |                       |                                  |          |               |  |
| <b>FILING STATUS</b>         |  |   |                       |                                  |          |               |  |
| 19                           | Single <input type="checkbox"/> (Never married, unmarried as of December 31, 2020, or legally separated) |   |                       |                                  |          |               |  |
| 20                           | Married Filing Jointly <input type="checkbox"/> (Married as of December 31, 2020)                        |   |                       |                                  |          |               |  |
| 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</b>             |  |   |                       |                                  |          |               |  |
| <b>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 2020 |          |               |  |
| 28                           | Number of months they lived in your home in 2020   |   |                       | 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 2020 |          |               |  |
| 32                           | Number of months they lived in your home in 2020   |   |                       | 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 2020 |          |               |  |
| 36                           | Number of months they lived in your home in 2020   |   |                       | 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 2020 |          |               |  |
| 40                           | Number of months they lived in your home in 2020   |   |                       | 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 2020. |  |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| 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="float: right;">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="float: right;">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="float: right;">If Yes, Amount: \$</span>                                      |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| 44  |  |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| 45  | Did you sell any stocks or bonds in 2020? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="float: right;">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="float: right;">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="float: right;">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="float: right;">If Yes, Amount: \$</span>  |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
|   | Name of Care Provider <span style="float: right;">Phone #</span>   |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
|   | 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="float: right;">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="float: right;">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="float: right;">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="float: right;">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="float: right;">If Yes, Amount: \$</span>   |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| SECTION 7 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 2020? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="float: right;">How long?</span>  |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
|   | How much did you pay for tuition, fees, books and other school supplies? <span style="float: right;">Amount: \$</span>   |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| 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>  |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
|   | <b>* Items 59, 60, 61 and 62 must be completed:</b>  |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| 58  | <b>* Do you owe any back taxes?</b> <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="float: right;">If Yes, Amount: \$</span>   |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| 59  | <b>* Do you owe any back child support payments?</b> <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="float: right;">If Yes, Amount: \$</span>  |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| 60  | <b>* Do you owe any money on a defaulted student loan?</b> <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="float: right;">If Yes, Amount: \$</span>  |              |  |                   |        |               |                                |     |     |     |     |     |     |     |
| 61  | <b>* Did you receive a federal tax refund last year?</b> <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="float: right;">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 |     |     |     |     |     |     |     |

If you are due a refund, how do you want to receive the money? (Check one of the boxes below):

- By check mailed from IRS (19 to 26 Days) – All fees must be paid in advance.
- By IRS Direct Deposit to your bank account (12 to 19 Days) – All fees must be paid in advance.

Please provide the following bank account information:

Your Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_ Account Type:   Checking                   Savings

Bank Routing Transit Number (RTN) \_\_\_\_\_ (leave blank if uncertain). **(Please attach a voided check from your account for verification)**

- No Refund Due - By IRS Direct Debit from your bank account – All fees must be paid in advance.

Your Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_ Account Type:   Checking                   Savings

Bank Routing Transit Number (RTN) \_\_\_\_\_ (leave blank if uncertain). **(Please attach a voided check from your account for verification)**

Please indicate the date for the withdrawal from your account \_\_\_\_\_

Signature (Required) \_\_\_\_\_

**QUESTIONS/COMMENTS**

Please use the space below to record any questions or concerns you would like to discuss:

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**Are you a new or returning client to Guardian Tax Services?**

- New Client
- Returning Client

**How did you hear of Guardian Tax Services?**

- In Branch
- Social Media (i.e. Facebook, Twitter, GCU Blog, etc.)
- Email
- GCU Website
- Google
- Coupon
- Referred by Family or Friend
- Other: \_\_\_\_\_

Email: \_\_\_\_\_