

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.

SECTION 1		PERSONAL INFORMATION	
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		
SECTION 2		FILING STATUS	
19	Single <input type="checkbox"/> (Never married, unmarried as of December 31, 2021, or legally separated)		
20	Married Filing Jointly <input type="checkbox"/> (Married as of December 31, 2021)		
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 2021
28	Number of months they lived in your home in 2021		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 2021
32	Number of months they lived in your home in 2021		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 2021
36	Number of months they lived in your home in 2021		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 2021
40	Number of months they lived in your home in 2021		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) 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 2021.														
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 No If Yes, Amount: \$													
42	Do you have any interest income NOT listed on a 1099INT? Yes No Yes, Amount: \$													
43	Do you have any dividends from stocks NOT listed on a 1099DIV? Yes No If Yes, Amount: \$													
44														
45	Did you sell any stocks or bonds in 2021? Yes No If Yes, Amount: \$													
46	Did you have any rental income from property you owned? Yes No If Yes, Amount: \$													
47	Any other income such as prizes, gambling winnings, jury duty, etc.? Yes No If Yes, Amount: \$													
SECTION 6 DEDUCTIONS														
48	Do you have any child care expenses? Yes No 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 No If Yes, Amount: \$													
50	Do you have any IRA deductions? Yes No If Yes, Amount: \$													
51	Did you pay interest and property taxes on your home? Yes No If Yes, Amount: \$													
52	Did you pay any alimony? Yes No If Yes, Amount: \$													
53	Did you have un-reimbursed medical and dental expenses? Yes No If Yes, Amount: \$													
SECTION 7 GENERAL QUESTIONS														
54	Are any dependents listed in SECTION 3 permanently disabled? Yes No													
55	Were you a student at any time during 2021? Yes No 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 No A state tax return? Yes No													
57	Did you itemize your deductions last year? Yes No													
	* Items 59, 60, 61 and 62 must be completed:													
58	* Do you owe any back taxes? Yes No If Yes, Amount: \$													
59	* Do you owe any back child support payments? Yes No If Yes, Amount: \$													
60	* Do you owe any money on a defaulted student loan? Yes No If Yes, Amount: \$													
61	* Did you receive a federal tax refund last year? Yes No If Yes, Amount: \$													
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							

