

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 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 | | | | |
| 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 | | | |
| SECTION 3 DEPENDENT INFORMATION | | | | |
| 19 | Single <input type="checkbox"/> (Never married, unmarried as of December 31, 2023, or legally separated) | | | |
| 20 | Married Filing Jointly (Married as of December 31, 2023) | | | |
| 21 | Married Filing Separately <input type="checkbox"/> | | Spouse's Name and SS# | |
| 22 | Qualifying Widow(er) <input type="checkbox"/> (Leave blank if you do not know if you qualify) | | | |
| 23 | 1st Dependent's First Name | | MI | Last Name |
| 24 | Social Security Number | | ____ - ____ - ____ Date of birth | |
| 25 | Relationship (son, daughter, etc.) | | Dependent's gross income in 2023 | |
| 26 | Number of months they lived in your home in 2023 | | Full-time Student Yes No | |
| 27 | 2nd Dependent's First Name | | MI | Last Name |
| 28 | Social Security Number | | ____ - ____ - ____ Date of birth | |
| 29 | Relationship (son, daughter, etc.) | | Dependent's gross income in 2023 | |
| 30 | Number of months they lived in your home in 2023 | | Full-time Student Yes No | |
| 31 | 3rd Dependent's First Name | | MI | Last Name |
| 32 | Social Security Number | | ____ - ____ - ____ Date of birth | |
| 33 | Relationship (son, daughter, etc.) | | Dependent's gross income in 2023 | |
| 34 | Number of months they lived in your home in 2023 | | Full-time Student Yes No | |
| 35 | 4th Dependent's First Name | | MI | Last Name |
| 36 | Social Security Number | | ____ - ____ - ____ Date of birth | |
| 37 | Relationship (son, daughter, etc.) | | Dependent's gross income in 2023 | |
| 38 | Number of months they lived in your home in 2023 | | 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) | | | |
| SECTION 5 | | INCOME | |
| 39 | Do you have any Social Security Benefits? | Yes | No |
| | | If Yes, Amount: \$ | |
| 40 | Do you have any interest income NOT listed on a 1099INT? | Yes | No |
| | | Yes, Amount: \$ | |
| 41 | Do you have any dividends from stocks NOT listed on a 1099DIV? | Yes | No |
| | | If Yes, Amount: \$ | |
| 42 | | | |
| 43 | Did you sell any stocks or bonds in 2023? | Yes | No |
| | | If Yes, Amount: \$ | |
| 44 | Did you have any rental income from property you owned? | Yes | No |
| | | If Yes, Amount: \$ | |
| 45 | Any other income such as prizes, gambling winnings, jury duty, etc.? | Yes | No |
| | | If Yes, Amount: \$ | |
| SECTION 6 | | DEDUCTIONS | |
| 46 | Do you have any child care expenses? | Yes | No |
| | | If Yes, Amount: \$ | |
| Name of Care Provider | | Phone # | |
| Address | | | |
| Employer I D # or Social Security # | | | |
| 47 | Do you have any student loan interest deductions? | Yes | No |
| | | If Yes, Amount: \$ | |
| 48 | Do you have any IRA deductions? | Yes | No |
| | | If Yes, Amount: \$ | |
| 49 | Did you pay interest and property taxes on your home? | Yes | No |
| | | If Yes, Amount: \$ | |
| 50 | Did you pay any alimony? | Yes | No |
| | | If Yes, Amount: \$ | |
| 51 | Did you have un-reimbursed medical and dental expenses? | Yes | No |
| | | If Yes, Amount: \$ | |
| SECTION 7 | | GENERAL QUESTIONS | |
| 52 | Do you have any interest in or authority over any foreign account or foreign trust? | Yes | No |
| Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? | | | |
| 53 | Yes | No | |
| 54 | Are any dependents listed in SECTION 3 permanently disabled? | Yes | No |
| 55 | Were you a student at any time during 2023? | 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 |
| 57 | Did you itemize your deductions last year? | Yes | No |
| * Items 58, 59, 60 and 61 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 |

☐ 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) _____

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.