

Guardian Tax Services LLC
Income Tax Preparation Client Information Questionnaire

Please be advise taxes are completed in the order they are received.

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, write 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, 2025, or legally separated)
20	Married Filing Jointly <input type="checkbox"/> (Married as of December 31, 2025)
21	Married Filing Separately <input type="checkbox"/> Spouse's Name and SS#
22	Head of Household <input type="checkbox"/> (Tax Preparer will advise you if qualify, expect communication)
22	Qualifying Widow(er) <input type="checkbox"/> (Leave blank if you do not know if you qualify)

1st Dependent's	First Name	MI	Last Name
24	Social Security Number	_____ - _____ - _____	
25	Relationship (son, daughter, etc.)	Dependent's gross income in Tax Year	
26	Number of months they lived in your home in Tax Year	Full-time Student Yes No	
27	Can anyone else claim dependent #1? Yes No If so Relationship to Dependent		
28	2nd Dependent's	MI	Last Name
29	Social Security Number	_____ - _____ - _____	
30	Relationship (son, daughter, etc.)	Dependent's gross income in Tax Year	
31	Number of months they lived in your home in Tax Year	Full-time Student Yes No	
32	Can anyone else claim dependent #2? Yes No If so Relationship to Dependent		
33	3rd Dependent's	MI	Last Name
34	Social Security Number	_____ - _____ - _____	
35	Relationship (son, daughter, etc.)	Dependent's gross income in Tax Year	
36	Number of months they lived in your home in Tax Year	Full-time Student Yes No	
37	Can anyone else claim dependent #3? Yes No If so Relationship to Dependent		
38	4th Dependent's	MI	Last Name
39	Social Security Number	_____ - _____ - _____	
40	Relationship (son, daughter, etc.)	Dependent's gross income in Tax Year	
41	Number of months they lived in your home in Tax Year	Full-time Student Yes No	
42	Can anyone else claim dependent #4? Yes No If so Relationship to Dependent		

SECTION 4		HEALTH INSURANCE COVERAGE			
Did you receive any of the following IRS documents?					
Form 1095-A (Health Insurance Marketplace Statement)		Yes	No		
Form 1095-B (Health Coverage)		Yes	No		
Form 1099-SA (HAS,Archer MSA or Advantage MSA Distribution)		Yes	No		
If yes, Amount used for qualified medical expenses: \$					
Form 1095-C (Employer Provided Health Insurance Offer and Coverage)		Yes	No		
SECTION 5		INCOME			
43	Do you have any Social Security Benefits?	Yes	No	If Yes, Amount: \$	
44	Do you have any interest income NOT listed on a 1099INT?	Yes	No	Yes, Amount: \$	
45	Do you have any dividends from stocks NOT listed on a 1099DIV?	Yes	No	If Yes, Amount: \$	
46	Did you sell any stocks or bonds in Tax Year?	Yes	No	If Yes, Amount: \$	
47	Please provide 1099-B from holding Financial				
48	Did you receive any overtime pay?	Yes	No	If Yes, Amount: \$	
49	Did you receive any tip income?	Yes	No	If Yes, Amount: \$	
50	Did you have any rental income from property you owned?	Yes	No	If Yes, Amount: \$	
51	Any other income such as prizes, gambling winnings, jury duty, etc.?	Yes	No	If Yes, Amount: \$	
SECTION 6		DEDUCTIONS			
52	Do you have any child care expenses?	Yes	No	If Yes, Amount: \$	
	Name of Care Provider				Phone #
	Address				
	Employer I D # or Social Security #				
53	Do you have any student loan interest deductions?	Yes	No	If Yes, Amount: \$	
54	Do you have any IRA deductions?	Yes	No	If Yes, Amount: \$	
55	Did you pay interest and property taxes on your home?	Yes	No	If Yes, Amount: \$	
56	Did you pay rent in the tax year?	Yes	No	If yes, Amount : \$	Heat Included? Yes No
57	Did you have any Non Cash Charitable Contributions?	Yes	No	If Yes, Amount: \$	
58	Did you pay any new vehicle loan interest?	Yes	No	If Yes, Amount: \$	
59	Did you pay any alimony?	Yes	No	If Yes, Amount: \$	
60	Did you have un-reimbursed medical and dental expenses?	Yes	No	If Yes, Amount: \$	
SECTION 7		GENERAL QUESTIONS			
61	Do you have any interest in or authority over any foreign account or foreign trust?	Yes	No		
62	Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? I.E (Cryptocurrency) Yes No				
63	Are any dependents listed in SECTION 3 permanently disabled?	Yes	No		
64	Did you receive a 1098-T ?	Yes	No		
65	Were you a student at any time during Tax Year?	Yes	No	If Yes, Full-time	Part-Time
	How much did you pay for tuition, fees, books and other school supplies? Amount: \$				
66	Did you file a federal tax return last year?	Yes	No	A state tax return?	Yes No
67	Did you itemize your deductions last year?	Yes	No		
68	Are any of the dependents in higher education?	Yes	No	Dependent #(s)	
69	Did you receive any tips?	Yes	No	If Yes, Amount: \$	Overtime worked? Yes No
	* Items 67-70 must be completed:				
70	* Do you owe any back taxes? Yes No If Yes, Amount: \$				
71	* Do you owe any back child support payments? Yes No If Yes, Amount: \$				
72	* Do you owe any money on a defaulted student loan? Yes No If Yes, Amount: \$				
73	* Did you receive a federal tax refund last year? Yes No If Yes, Amount: \$				
74	If you are in the following occupations, special deductions may apply: Teacher Fire fighter Police Long haul trucker Clergy Actor/ Artist				
75	Number of Form W2's attached			Number of Form 1099R attached	
76	Number of Form 1099 INT attached			Number of Form 1099G attached	
77	Number of Form 1099 DIV attached			Number of other Forms attached	

