



**GUARDIAN**  
TAX & BUSINESS SERVICES

## CLIENT INTAKE QUESTIONNAIRE FORM

All clients must fill out this form for tax preparation services even if information is still the same as prior year.

Prior Year  New Client If new, how did you hear about us? \_\_\_\_\_

If you have a Tax Preparer, or know who you want to prepare your return, enter name: \_\_\_\_\_

What tax period are you filing for?  (Current Tax Year 2025)  Prior Tax Year: \_\_\_\_\_

### Personal Information

List your name exactly as it appears on your Social Security Card or ITIN documents.

#### Primary Taxpayer

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number or ITIN \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Primary language \_\_\_\_\_ Best time to contact you \_\_\_\_\_

Are you blind?  Yes  No Have you ever been issued an IRS Identity PIN (IP PIN)?  Yes  No

**Address** \_\_\_\_\_

#### Spouse Information

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number or ITIN \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Primary language \_\_\_\_\_ Best time to contact you \_\_\_\_\_

Are you blind?  Yes  No Have you ever been issued an IRS Identity PIN (IP PIN)?  Yes  No

#### Other Information

Did you and spouse if married, have health insurance?  Yes  No If you didn't have health insurance all 12 months, provide the reason why not \_\_\_\_\_

Did you or spouse have health insurance through the marketplace or receive form 1095-A?  Yes  No

Have any of your tax deductions or credit ever been disallowed by the IRS or State?  Yes  No

## Dependent Information

**Check Here if No Dependents and go to next page.**

List everyone who lived in your home for more than 6 months during the tax year that you provided more than half the support for; or list your parents whom you provided more than half the support for even if they did not live with you. **Add additional worksheet if you have more than 4 dependents.**

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
First Name				
Last Name				
Social / ITIN				
DOB				
Relationship to you				
How many months lived with you during the tax year? Ex: 12 months, etc.				
Full time student at least 5 months during the year				
Permanently & Totally Disabled?				
Had health insurance all year? If not, list reason.				
Paid childcare expense: if so, how much during the tax year?				
U.S. Citizen/Resident				
How much income did this person have during the year?				

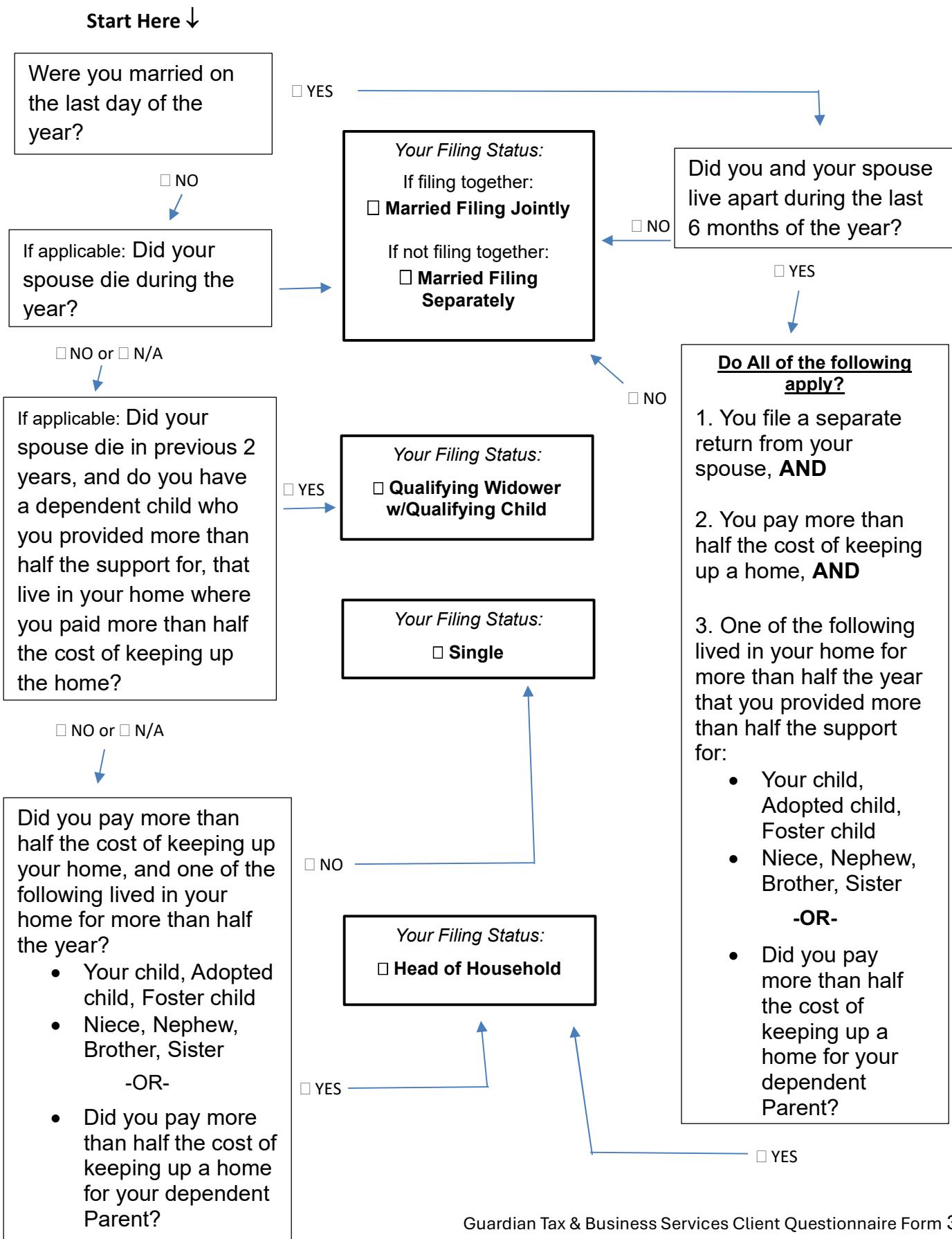
**Answer the following questions to help us determine your eligibility for the dependents listed**

1. Did anyone else over the age of 18 live in the home with you and the dependent?  Yes  No
2. How much of the dependents' support (food, clothing, education, medical, rent) did you provide? \_\_\_\_\_
3. Who else provided support for the dependents listed, and how much? \_\_\_\_\_
4. Can anyone else claim the dependents you listed, if so, who? \_\_\_\_\_
5. If audited, can you prove your relationship with each dependent (by providing the Birth Certificate and yours if claiming niece/nephew/brother/sister, Marriage License, etc.)?  Yes  No
6. For each dependent listed, are you able to provide proof this person lived with you for more than 6 months during the tax year, such as: school records, medical, court docs, etc.?  Yes  No

## What was your Marital Status as of December 31<sup>st</sup> of the Tax Year you are filing:

Single  Married  Divorced: Date: \_\_\_\_\_  Separated: Date: \_\_\_\_\_  Widowed Yr.: \_\_\_\_\_

In the chart below, check either YES or NO and follow the arrow to the next question to determine your filing status.



## Income Received

You must report all the income you received during the tax year. Read each item carefully, and select either Yes or No. If you received income not listed, enter it in the other box.

Yes No

- W2 Wages: How many jobs did you have last year, or how many W2? \_\_\_\_\_
- Income from Tips included in income: How much Qualified Tips: \_\_\_\_\_  
What occupation did you work in while earning these tips? \_\_\_\_\_
- Income from IHSS: In Home Support Services: as a Live-in Care Provider; If so, how many months did you and Recipient live in the same home? \_\_\_\_\_
- 1099-NEC Independent Contractor (Fill out Business Information on next page)
- Business Income: Cash/Checks/1099 (Fill out Business Form on next page)
- 1099-INT Interest
- 1099-DIV Dividends
- 1099-R Retirement Distributions or 1099-SSA Social Security (If received a distribution from retirement account before reaching age 59 1/2, provide the reason: \_\_\_\_\_)
- 1099-B Stocks/Bonds or 1099-S Home Sale (If sold home, how long did you live in home before sale? \_\_\_\_\_ How long did you own the home before sale? \_\_\_\_\_)
- 1099-G Unemployment or State/Local Refund
- W2G Gambling Winnings (How much were your gambling losses? \_\_\_\_\_)
- 1099-C Cancellation of Debt (Type and reason: \_\_\_\_\_)
- 1099-MISC (Prizes/Awards/Other Income)
- Rental or Royalty Income
- S Corporation or Partnership Income (Schedule K-1)
- Alimony Income: If so, what date was the divorce agreement final? \_\_\_\_\_
- 1099-DA Digital Assets Sales such as Virtual Currency, Bitcoin, etc.
- Other: \_\_\_\_\_

**If receiving a refund back, do you want it direct deposited, if so, enter account info below:**

Routing # \_\_\_\_\_ Account # \_\_\_\_\_  Checking  Savings

## Business Information

Check here if you did not operate a business during the tax year and Sign the bottom of this page.

What Type of Business did you operate during the year?

Sole Proprietorship/Self-Employed     Independent Contractor     Single-Member LLC     \_\_\_\_\_

### Business Information

Business Name (leave blank if no business name): \_\_\_\_\_

Owner Name (or Independent Contractor): \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

Tax ID # (EIN): \_\_\_\_\_ or last 4 of Owner's SSN: \_\_\_\_\_

Business Location Address (if no separate location, list your home address):  
\_\_\_\_\_  
\_\_\_\_\_

Describe the type of Business Activity (Products/Services): \_\_\_\_\_

Did you start this business this year?  Yes  No      Date Started Business: \_\_\_\_\_

### Business Income Received during the tax year (Check Yes or No)

Yes   No

- 1099-NEC How many contracting jobs did you have during the tax year? \_\_\_\_\_
- 1099-K (Debit/Credit Card transactions)
- Cash/Check Business Income
- 1099-DA Received payments from Digital Assets such as Virtual Currency, etc.
- Income from Tips included in income: (How much Qualified Tips: \_\_\_\_\_  
What occupation did you work in while earning these tips? \_\_\_\_\_)
- 1099-MISC for Other Business Income or Other Farm Income
- Other Income or Tax Documents received: \_\_\_\_\_

### Other Information

To determine if this activity is operating as a business or hobby, please answer the following questions:

- 1) Do you have a separate business account for this activity?  Yes  No
- 2) How do you keep track of your income and expenses? \_\_\_\_\_
- 3) Do you advertise or market this business activity? (ex: advertise, social media, etc.)  Yes  No
- 4) Do you actively participate in this activity; What role do you take in this activity? \_\_\_\_\_
- 5) Do you have an income statement or profit & loss statement?  Yes  No
- 6) If IRS request, can you provide proof of income (invoices, receipts, client list, etc.)  Yes  No
- 7) If audited, can you provide proof of expenses (receipts, statements, logbooks, etc.)  Yes  No

I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge, and I can provide proof of all information listed if asked by the IRS or State.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_