



**GUARDIAN**  
TAX & BUSINESS SERVICES

# Client Intake Form

This form is required for Tax Preparation Service for New & Prior-Year Clients

### How did you hear about us?

Prior Client  Referral  Website  Facebook  Feather-Flag  Google  Other: \_\_\_\_\_

Why did you choose us? \_\_\_\_\_

## Part 1. Personal Information

### Taxpayer Information:

First Name	Middle Initial	Last Name (Sr./Jr./etc.)
Birth Date		SSN/ITIN
Occupation		Preferred Language
Phone #		Email

### If Married, Spouse Information:

First Name	Middle Initial	Last Name (Sr./Jr./etc.)
Birth Date		SSN/ITIN
Occupation		Preferred Language
Phone #		Email

### Mailing Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Answer Yes or No to ALL 6 of the following questions:

- |  | <u>Taxpayer</u>  | <u>Spouse</u>  |
|--|--|--|
| 1. Are you a US Citizen or Resident?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are you disabled or legally blind?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you been a victim of Identity Theft and received an IRS issued PIN?        | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Can you be claimed as a dependent by someone?                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Did you have health insurance all year, or receive form 1095-A, 1095-B, 1095-C? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Did you pay rent in California for more than 6 months?                          | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

## Part 2. Dependent Information

In this section, list any person you supported, who lived with you, and who you are eligible to claim as a dependent.

Name	Birth Date	SSN/ITIN	Relationship	Student or Disabled	# of Months In Home	Residency (US Citizen?)
1						
2						
3						
4						

Turn over & fill out the back page

### Part 3. Income Information

In this section, Answer Yes or No to all the Income you received during the year.

Yes	No	Unsure	During the year, did you or your spouse receive any of the following Income or Forms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Stimulus Payment? If so, how much did you receive? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Stimulus Payment? If so, how much did you receive? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1099-G Unemployment Compensation or Refund of State or Local Income Taxes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form W-2 or Report of Wages, Salary, or Scholarships? <b>If Yes, how many jobs did you have? _____</b> <b>If Yes, did you pay any unreimbursed job expenses?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1099-NEC Independent Contractor Income? <b>If Yes, Did you pay any unreimbursed work-related expenses?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1099-INT or 1099-DIV for Interest or Dividends from bank accounts, bonds, CDs, investments, brokerage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SSA-1099 or RRB-1099 Social Security or Railroad Retirement Benefits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1099-R or RRB 1099-R Retirement Income: IRA, Pension, 401k, Railroad? <b>Was the distribution due to COVID-19 Impact?</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1099-B or 1099-S Sale of Stocks, Bonds, Home or Real Estate? <b>If Sale of Home:</b> How long did you or spouse own the home prior to sale? _____ How long did you live in the home or use it as your primary residence prior to sell? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Income & Expenses ( <b>Includes</b> Cash/Check/Merchant Form 1099-K/Other)? If Yes, fill out Business Intake Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sch K-1 1099-MISC Rental Property, Partnership, S-Corporation, or Royalties?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income, Sell, or Trade of Virtual Currency (Bitcoin, Digital Wallet, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alimony Income? If Yes, what year was the Alimony granted by judge? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, W-2 G, 1099-C, 1099-MISC, for Gambling Winnings, Cancellation of Debt Income
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received Income Not Listed Above? <b>If yes, list the type:</b> _____

### Part 4. Other Information

Yes	No	Did you pay for any of the following expenses or does any of this apply to you?
<input type="checkbox"/>	<input type="checkbox"/>	Have Earned Income Credit, Child Tax Credit, School Credit, or Claim of dependent been disallowed previously?
<input type="checkbox"/>	<input type="checkbox"/>	Paid Child Care or Day Care expenses so you can work, attend school, study, or get rest for work?
<input type="checkbox"/>	<input type="checkbox"/>	College/ Tuition expenses or received Form 1098-T for you or anyone in your household?
<input type="checkbox"/>	<input type="checkbox"/>	Purchase and Install Energy-Efficient Property: Solar Panels, Solar water heating, Geothermal heat pump, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Energy-Efficient Improvements: Home Insulation, Exterior Doors/Windows/Skylights, Central Air Conditioner, Water boiler?
<input type="checkbox"/>	<input type="checkbox"/>	Purchased Alternative Motor Vehicle or Electric Plug-In Vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	Receive the First Time Homebuyer Credit in 2008? <b>If yes, did you sell or dispose of the home?</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Donate to Charity? Pay Tithes/Offering to Non-Profit? Organization Name: _____ \$ _____

I declare and certify under penalty of perjury that I provided the answers on this form; the information is true, complete, and correct to the best of my knowledge. I can provide proof of eligibility to claim all credits, deductions, income, expenses, and all information on my tax return as a result from the information I provided.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

Tax Preparer certifies that the Information and any supporting documents provided have been reviewed verbally with the Taxpayer / Spouse. Any corrections that the Preparer has knowledge of that will affect the tax return has been corrected and applied to the tax return.

\_\_\_\_\_  
Preparer

\_\_\_\_\_  
Date