Diadem Tax Preparation
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Client Data Sheet

Basic Interview

Taxpayer			Spouse	
Name (As it appears on social security card)			Name (As it appears on social security card)	
SSN	Date of Birth (dd/mm/yyyy)		SSN	Date of Birth (dd/mm/yyyy)
Occupation			Occupation	
Address			Home Phone	Cell Phone
City	State	Zip	Work Phone	Other
Were you ( ) married or ( )divorced on or before December 31st 2008? ___YES ___NO Date_____ If yes, did you and your spouse live together? ___YES ___NO Number of Months _____			Email Address	

Dependents

Name (First, Last)	Date of Birth dd/mm/yyyy	SSN	Relationship	Months Lived in Your Home 2008	Amount Paid for Childcare

Childcare Provider Information

Provider Name	Address			Phone
SSN or EIN	City	State	Zip	Total Amount Paid $
Provider Name	Address			Phone
SSN or EIN	City	State	Zip	Total Amount Paid $

Filing Status

( ) *Choose My Most Advantageous Filing Status*
( ) Married Filing Joint ( ) Married Filing Separate
( ) Head of Household ( ) Qualifying Widow
( ) Single ( ) Student/ Dependent

Deductions (Standard vs. Itemized)

Did you have any of the following expenses (check all that apply):
( ) Mortgage Interest & Points ( ) State/ Local General Taxes
( ) Medical / Dental Expenses ( ) State/ Local Personal Property
( ) Charitable Donations ( ) Real Estate Taxes
( ) Employee Business Expenses

Sources of Income

Check all that apply and attach all appropriate forms

☐W-2 Total #____ (*Please Attach)*	☐Interest (1099 INT)
☐Self Employed Business Income	☐ Dividends (1099 DIV)
☐ Unemployment	☐ 1099 MISC, 1099 A, 1099-C
☐ Social Security (1099 Soc. Sec.)	☐ Rental Income
☐ Pension/ Retirement (1099 R)	☐Sale of Home
☐ Alimony	☐State Tax Refund
☐Tip Income	☐Lottery/ Gambling Winnings
☐Other	☐Other
☐Other	☐Other

More Deductions

Answer the following Questions:

1. Did you pay tuition for yourself or anyone on your return for enrollment in an accredited school ( ) YES ( ) NO *If yes, attach form 1098T*
2. Did you pay interest on a student loan for yourself or anyone on your return?( ) Y ( ) N *If yes, attach appropriate forms*
3. Are you an educator? ( ) Y ( ) N Amount of qualified educator expenses $_____
4. Did you move because of a change of employment? ( ) Y ( )N *Is your new workplace more than 50 miles away from your former home? ( )Y ( ) N Total Moving Expenses $_____*
5. *List additional deductions you qualify for and attach documentation*

_____

By signing this document I certify that all information provided is true and correct to the best of my knowledge.

Signature _____ Date _____