

Welcome to the office of **DIAMOND & ASSOCIATES, P.C.** Please fill out this form, it will help to expedite our initial consultation. Thank You.

New Client Sheet

Today's date _____

First Name _____ Last Name _____ SS# _____ D.O.B. _____

Spouse's name _____ SS# _____ D.O.B. _____

Home address _____
Home Phone # () _____ Cell # () _____ E-Mail Address _____
Home Fax # _____

Referred by: _____

PERSONAL TAXES

Employer _____

Employer's address _____
Work Phone # () _____ Work Fax # () _____

Spouse's employer _____
Employer's address _____
Work Phone # () _____ Work Fax # () _____

<u>Name of Dependent(s)</u>	<u>Social Security #</u>	<u>D.O.B.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS INFORMATION

Business name _____

Business address _____

Phone # () _____ Fax # () _____

Business type _____ Related Entities _____

Principals _____ Office Manager _____

Attorney Name & Address _____

Bank Name & Address _____

Entity type
Ptnr Indiv Other _____ Corp Date of Incorp _____

Year End _____