



ESHEL • AMINOV & PARTNERS LLP
Certified Public Accountants

KAPLAN & ASSOCIATES
GROUP LLC

CLIENT INFORMATION

Taxpayer Information

First name and initial		Last name		M/F?	
SSN/ITIN		Date of birth		Occupation	
US Citizen/Green card (Y/N)		If No, Visa type		Country of Citizenship	
Mobile phone		Work phone		Work Ext	
Email address					

Spouse Information

First name and initial		Last name		M/F?	
SSN/ITIN		Date of birth		Occupation	
US Citizen/Green card (Y/N)		If No, Visa type		Country of Citizenship	
Mobile phone		Work phone		Work Ext	
Email address					

Address

Street address				Apt number	
City		State		Zip code	
If Foreign Address (Region)		Country		Postal code	
Home phone		Fax number			

Dependent Information

Name	Relationship (M/F)	Date of Birth	SSN/ITIN	Immigration Status	Country of Citizenship

Long Island
350 MOTOR PARKWAY
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