

Annual Report Filing

(Please complete the requested information below for your Annual Report Filing.)

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

COMPANY INFORMATION

Name of Entity: _____

Type of Entity:

- Corporation
- S Corporation
- Partnership
- Single Member LLC
- Multi member LLC
- Sole Proprietor

State of Formation: _____

Date of Formation: _____ (mm/dd/yyyy)

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Business Description :



ZAKIR CPA PLLC

zakircpa.com

1506 Castle Hill Ave,
Bronx, NY 10462, United States

Phone: +1 929-207-1516
Phone: +1 929-207-1516

Email: support@zakircpa.com
Email: tax@zakircpa.com

SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

SHAREHOLDER 1

Full Name: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____

SHAREHOLDER 2

Full Name: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____

SHAREHOLDER 3

Full Name: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____



ZAKIR CPA PLLC

zakircpa.com

1506 Castle Hill Ave,
Bronx, NY 10462, United States

Phone: +1 929-207-1516
Phone: +1 929-207-1516

Email: support@zakircpa.com
Email: tax@zakircpa.com

CREDIT CARD AUTHORIZATION

I hereby authorize Zakir CPA, PLLC to use the following credit card to pay State registration fees and charges:

Card Type:

- VISA Master Card American Express Discover

Name on the Credit Card: _____

Credit Card Number: _____

CC Expiration Date: _____ Security (CSV) Code: _____

CC Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder _____

Notes:

I authorize Zakir CPA, PLLC to Apply for Annual Report Filing and willing to pay \$_____

(Exclusive of State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

Name

Signature & Date