



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

Authorization to Dissolve an Entity

Corporation Name: _____

FEIN : _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION SS

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

I, _____, a corporate officer of the above mentioned entity,
authorize Zakir CPA, PLLC to dissolve the above mentioned entity effective immediately.

I agree to pay a dissolution fee of \$_____ * to Zakir CPA, PLLC . This fee will be additional to
any related dissolution fees to be paid to tax authorities or Department of State.

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

I further acknowledge that if there are any missing tax returns including corporate tax returns, payroll
tax returns, and/or sales tax returns, which are required to be filed to complete the dissolution process,
I will be billed separately.

Name of the Corporate Officer _____ Title _____

Signature of the Corporate Officer _____ Date _____



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CREDIT CARD AUTHORIZATION

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