

Authorization to Process Tax Liabilities

I / We _____, the authorized officer of the business, _____, give
(Authorized Officer Name) (Business Name)

authorization to Zakir CPA, PLLC _____, to process the following tax Liabilities and also pay those liabilities to the respective tax authorities using the business bank account on file.

Please check all applicable.

- All quarterly sales tax or any outstanding liabilities related to sales tax
- All payroll related liabilities.
- All corporation tax related liabilities
- Individual tax liabilities

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

COMPANY INFORMATION

Name of Entity: _____

Type of Entity:

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



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

State of Formation: _____

EIN Number : _____

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

Address: _____

Suite/Apt: _____

City, State, Zip: _____

BANK INFORMATION

ACCOUNT TITLE: _____

ROUTING NO. _____

BANK ACCOUNT NO. _____

I am willing to pay \$_____ to Zakir CPA, PLLC (exclusive of federal State and county Fee).

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

Name

Signature & Date