



# Business Tax & Accounting Services

Please complete the requested information below to subscribe our Tax and Accounting Services

[zakircpa.com](http://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](mailto:support@zakircpa.com)  
Email: [tax@zakircpa.com](mailto:tax@zakircpa.com)

## CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suite/Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## COMPANY INFORMATION

Type of Entity:

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

Name of Entity: \_\_\_\_\_

State of Formation: \_\_\_\_\_

EIN Number : \_\_\_\_\_

Date of Formation: \_\_\_\_\_ (mm/dd/yyyy)

Selected Tax Year:

- Jan to Dec OR
- OTHER \_\_\_\_\_

Address: \_\_\_\_\_



# ZAKIR CPA PLLC

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Email: [tax@zakircpa.com](mailto:tax@zakircpa.com)

Suite/Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

### SHAREHOLDER 1

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone, \_\_\_\_\_

Fax: \_\_\_\_\_

### SHAREHOLDER 2

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone, \_\_\_\_\_

Fax: \_\_\_\_\_

### SHAREHOLDER 3

Full Name: \_\_\_\_\_



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Email: [tax@zakircpa.com](mailto:tax@zakircpa.com)

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone, \_\_\_\_\_

Fax: \_\_\_\_\_

#### Services to subscribe:

- Book Keeping
- Accounting
- Account Receivables/Accounts Payables
- Bank Reconciliation
- Factor Reconciliation
- Income Tax
- Payroll Processing
- Payroll Tax
- Sales Tax
- Any other Service \_\_\_\_\_

#### Contract Starts

I Hire Zakir CPA, PLLC for Above Services and Agree to Pay \$\_\_\_\_\_ \* Per Month.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature & Date