



Business Tax & Accounting Services

Please complete the requested information below

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

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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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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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