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Certificate of Good Standing

Please complete the requested information below

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

BUSINESS INFORMATION

Name of Entity: _____

State of Formation: _____

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

Employer ID Number: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

I authorize Zakir CPA, PLLC to Apply for Certificate of Good Standing 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