



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

# Corporation Kit & Seal

Please complete the requested information below

## CONTACT INFORMATION

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

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

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

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

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

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

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

## COMPANY INFORMATION

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

Type of of Entity: (encircle one)

- Corporation
- S Corporation
- LLC
- Other : \_\_\_\_\_
- 

Common Stock – Number of Shares Authorize \_\_\_\_\_

Common Stock – Par Value Amount ( If No Par Value enter "0" ): \_\_\_\_\_

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

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

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

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

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

## SHAREHOLDER NAME

SHAREHOLDER 1

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



# ZAKIR CPA PLLC

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Title : \_\_\_\_\_

SHAREHOLDER 2

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

Title : \_\_\_\_\_

I authorize Zakir CPA, PLLC to Apply for Corporation Kit & Seal Order Form 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

## CREDIT CARD AUTHORIZATION

I hereby authorize Zakir CPA, PLLC to use the following credit card to pay fees and charges:

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:

\_\_\_\_\_