



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

INCORPORATION AUTHORIZATION

I, _____, authorize Zakir CPA, PLLC, to file incorporation papers with the _____ (State) for one of the following corporations, depending on availability of name:

Type of Entity: (encircle one)

- Corporation
- LLC
- LLP

(Please list at least three (3) desired names for your Company)

1. _____
2. _____
3. _____

The address of the corporation will be:

Business Purpose:

I would like this processing to be: (Please circle one)

1. Regular Processing Time
2. Expedited Processing Time
3. 24 Hours Processing Time



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I also agree to pay a professional fee of US \$ _____ to Zakir CPA, PLLC to register my corporation and apply Corporate Tax ID number (FEIN #). All other services such as State registration fees, certified copies and corporation kit etc. will be paid separately.

Signed By,

(Shareholder Name)

(Date)

(Shareholder Signature)

SHAREHOLDER INFORMATION

Name of Corporation (to be incorporated)

Shareholder #1

Full Name: _____

Social Security Number: _____ - ____ - _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Percent of Shares Owned: _____%

Title (President, Vice President, etc.): _____ Signatures _____

Phone #: _____ E-mail Address: _____

Shareholder #2

Full Name: _____



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Social Security Number: _____ - ____ - _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Percent of Shares Owned: _____%

Title (President, Vice President, etc.): _____ Signatures _____

Phone #: _____ E-mail Address: _____

(Attach additional sheets if necessary)

CREDIT CARD AUTHORIZATION

Name of Corporation (to be incorporated)

I hereby authorize Zakir CPA, PLLC to use the following credit card to pay State registration 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:
