



# DBA / ASSUMED OR FICTITIOUS NAME FILING

( Please complete the requested information below for your DBA )

[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)

Type of entity (encircle One)

- Corporation
- S-Corporation
- Single Member LLC
- Multi Member LLC
- Partnership
- Sole proprietor

State of incorporation: \_\_\_\_\_

County: \_\_\_\_\_

Name of Entity(REAL NAME): \_\_\_\_\_

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

Business Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Contact Person (Shareholder): \_\_\_\_\_

Designation : \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone : \_\_\_\_\_

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

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



# ZAKIR CPA PLLC

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

Enter the assumed name that you would like to register:

\_\_\_\_\_

Enter the address at which you plan to operate under this assumed name:

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

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

City \_\_\_\_\_

County: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Zakir CPA, PLLC to Apply for Assumed Name filing (DBA) and willing to pay \$\_\_\_\_\_ (exclusive of State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature & Date



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## CREDIT CARD AUTHORIZATION

I hereby authorize Syed Sajid to use the following credit card to pay fees and charges:

Card Type:

- VISA       Master Card       American Express       Discover

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_