



[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)

# INCORPORATION AUTHORIZATION FOR PROFESSIONAL CORPORATION

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

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The address of the corporation will be:

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

Type of entity: (ENCIRCLE ONE)

- P.C.
- PC
- PA
- P.A.
- Professional Corporation
- Professional Association

BUSINESS DESCRIPTION:

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

Profession you will be practicing?

\_\_\_\_\_



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## PAYMENT:

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

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

I also agree to pay Zakir CPA, PLLC \$\_\_\_\_\_\*. This fee will include fee which has to be paid to the Department of State, Department of Education and any fee for a certified copy of the incorporation papers, as well as the fee for a corporation kit.

^Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

Signed By,

\_\_\_\_\_  
(Shareholder Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Shareholder Signature)

## SHAREHOLDER INFORMATION

### Shareholder #1

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Percent of Shares Owned: \_\_\_\_\_%



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Title (President, Vice President, etc.): \_\_\_\_\_ Signatures \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Shareholder #2

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: \_\_\_\_\_

(Attach additional sheets if necessary)

Remarks:

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## 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:

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

p