



[zakircpa.com](http://zakircpa.com)

1506 Castle Hill Ave,  
Bronx, NY 10462, United States

Phone: +1 929-207-1516  
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Email: [support@zakircpa.com](mailto:support@zakircpa.com)  
Email: [tax@zakircpa.com](mailto:tax@zakircpa.com)

# S-CORPORATION ELECTION

Please complete the requested information below for your S-Corporation Election.

## CONTACT INFORMATION

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

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

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

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

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

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

Fax: (\_\_\_\_\_) \_\_\_\_\_

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

## COMPANY INFORMATION

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

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

EIN Number : \_\_\_\_\_

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

Selected Tax Year: \_\_\_\_\_ (December 31 for most taxpayers)

Election to be effected for the year beginning: \_\_\_\_\_ (mm/dd/yyyy)

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

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

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

## SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

### SHAREHOLDER 1



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

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

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

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

Phone, \_\_\_\_\_

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

## SHAREHOLDER 2

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

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

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

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

Phone, \_\_\_\_\_

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

## SHAREHOLDER 3

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

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

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

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



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Phone, \_\_\_\_\_

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

I authorize Zakir CPA, PLLC to Apply for S Corporation Election and willing to pay \$\_\_\_\_\_ (exclusive of State and county Fee).

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

\_\_\_\_\_

Name

\_\_\_\_\_

Signature & Date