

Sales Tax Vendor Identification Number

Please complete the requested information below for your Sales Tax Vendor Identification Number.

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

BUSINESS INFORMATION

Type of entity (encircle One)

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

State: _____ (state you are applying Sales Tax ID for?)

Is it a new business?

- Yes
- No

Name of Entity: _____

DBA/Trade Name (if any): _____

State of Formation: _____

Date of Formation: _____ (mm/dd/yyyy)



ZAKIR CPA PLLC

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

Date Business Planning to Start: _____ (it can be future date) (mm/dd/yyyy)

Estimated Monthly Gross Receipts/Sales: \$ _____

Employer ID Number: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Business Description: _____

Product/Service: _____

BANK INFORMATION

Bank Name: _____

Routing Number: _____

Account Number: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

SHAREHOLDER 1

Full Name: _____

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date Acquired: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, _____



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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: _____

(Attach sheets if needed)

I authorize Zakir CPA, PLLC to Apply for Sales Tax Id Number and willing to pay \$_____ (exclusive of State and county Fee).

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

Name

Signature & Date