

# UNEMPLOYMENT INSURANCE APPLICATION

Please complete the requested information below for your Unemployment Insurance.

## CONTACT INFORMATION

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

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

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

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

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

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

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

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

## BUSINESS INFORMATION

Type of Entity:

- Corporation
- S Corporation
- Partnership
- Single Member LLC
- Multi member LLC
- Sole Proprietor

State: \_\_\_\_\_

Is it a new business?

- Yes
- No

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



# ZAKIR CPA PLLC

[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)

DBA/Trade Name (if any): \_\_\_\_\_

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

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

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

Employer ID Number: \_\_\_\_\_

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

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

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

Business Description: \_\_\_\_\_

\_\_\_\_\_

Date Payroll to start: \_\_\_\_\_

Total No of Employees Covered : \_\_\_\_\_

## SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

### SHAREHOLDER 1

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

Title: \_\_\_\_\_ (President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: \_\_\_\_\_ (if any)

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

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

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

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

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

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

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



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## SHAREHOLDER 2

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

Title: \_\_\_\_\_ (President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: \_\_\_\_\_ (if any)

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

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

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

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

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

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

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

## SHAREHOLDER 3

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

Title: \_\_\_\_\_ (President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: \_\_\_\_\_ (if any)

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

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

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

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

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

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

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



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I authorize Zakir CPA, PLLC to Apply for Unemployment Insurance and willing to pay  
\$\_\_\_\_\_ \* (exclusive of State and county Fee).

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature & Date