



Business/Entity Client Information

Date: _____

Client Contact: _____
 Business Name: _____
 Business Address: _____
 Business Phone: _____
 Cell Phone: _____
 Primary Email: _____

ENTITY TYPE

- Sole Proprietor Corporation
 Partnership S Corporation

Estd Revenue Per Year: _____

Officer/Partner Name	Address	Social Security #	Ownership %

Electronic Federal Tax Payment System (EFTPS) Federal ID # _____

MYCONNECT (State of CT DRS Website)

CT Registration #: _____
 User Login: _____
 Password: _____

Annual Report Filing with Secretary of State Up-to-Date?

- Yes No

STATE FILING

- Sales Tax
 Pass-Through Entity Tax (PET)
 Payroll Tax (Withholding)
 Other: _____

Professional Services Contacts (Name/Phone)

Payroll Company: _____
 Attorney: _____
 Bank Contact: _____
 Financial Advisor: _____
 Other Contacts: _____

Bookkeeper Name: _____
 Phone: _____
 Email: _____

BOOKKEEPING

- QuickBooks Online Excel
 QuickBooks Desktop Need Help!
 Other: _____