



Business/ Entity 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: _____

Bookkeeper Email: _____

PLATFORM

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