Complete in blue or black ink only.

Form CT-EITC SEQ is only to be completed and submitted upon request by the DRS. Do not file Form CT-EITC SEQ with your tax return. Keep a copy of the completed form for your records.

Enter all applicable information in Sections 1, 2, and 3 and attach copies of all required documents.

## Section 1 - Taxpayer Information

	Your first name and middle initial	Last name		Your Social Security Number	
				iii	
	If joint return, spouse's first name and middle initial	Last name		Spouse's Social Security Numl	per
Taxpayer				·  · · · · · ·	
Information	Name of business			Employer Identification Numbe	r
Please type	Business mailing address (number and street, apartment number, suite number, PO Box)			Home telephone number	
or print.					
	City, town, or post office	State	ZIP code	Business telephone number	
	Business website (if any)			Cell telephone number	
				– –	

## Section 2 - Business Information: (Federal Schedule K-1s, Schedule C, etc.)

Provide a description of your business (type of work, products sold, services provided, and hours of operation):

1.	Date business began:	//	Date busines	ss began in Connecticut:	//		
2.	Have you received any Forms 1099-MISC or 1099-NEC for income you earned in 2022? <b>No Yes</b> If <b>Yes</b> , attach a copy of each 1099-MISC or 1099-NEC.						
3.	If your occupation requires you to have a license, attach a copy of that license.						
4.	Indicate if you use any of the f receipts. Newspaper	following methods to Internet/website	advertise your bus	siness. Attach copies of advertisem	ents along with any paid		
5.	Income Tax Credit Recordkeep keep to verify your business inc Accounting records Rental expenses	ping Requirements fo come and expenses. Computer records Car/truck expenses	or Self-employed P	ee Informational Publication 2015 ersons. Indicate which of the follow Business bank account(s) Suppliers (name and address	ing types of records you		
		Other					
	Attach copies of these records covering at least two months of the tax year in question.						

## Section 3 - Declaration and Signature

**Declaration**: I declare under penalty of law that I have examined the information contained on this questionnaire and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000 or imprisonment for not more than five years or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

	Your signature	Date		
Sian				
Sign Here	Spouse's signature		Date	
Keep a	Paid preparer's signature	Date	Telephone	Preparer's PTIN
сору				
for your records.	Firm's name, address, and ZIP code	FEIN		
1000100.				