

Form CT-EITC SEQ

Earned Income Tax Credit Self-Employed Questionnaire

Form CT-EITC SEQ is only to be completed and submitted upon request by the Department of Revenue Services (DRS).

Purpose: Complete **Form CT-EITC SEQ** only if you filed **Schedule CT-EITC, Connecticut Earned Income Tax Credit**, and DRS contacted you to provide additional information about your self-employment activities.

Mail completed Form CT-EITC SEQ and all documents to:

Department of Revenue Services
 State of Connecticut
 PO Box 2980
 Hartford, CT 06106-2980

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

Do not file Form CT-EITC SEQ with your tax return. Complete in blue or black ink only.

Section 1 - Taxpayer Information

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

Section 2 - Business Information

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

1. Have you received any Forms 1099 MISC for income you earned?
 No **Yes** If **Yes**, attach a copy of each 1099 MISC Form.
2. If your occupation requires you to have a license, attach a copy of that license.
3. Indicate if you use any of the following methods to advertise your business. Attach copies of advertisements along with any paid receipts.
 Newspaper Internet/website Flyers Other _____
4. Under Connecticut Law, you must keep adequate business records. Indicate which of the following types of records you keep to verify your business income and expenses.
 Accounting records Computer records Insurance Business bank account(s) Ledgers
 Rental expenses Car/truck expenses Log books Suppliers (name and address)
 Paid invoices/receipts 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 DRS is a fine of not more than \$5,000 or imprisonment for not more than five years nor less than one year, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Your signature	Date	
	Spouse's signature	Date	
Keep a copy for your records.	Paid preparer's signature	Date	Telephone ()
	Firm's name, address, and ZIP code		Preparer's SSN or PTIN
			FEIN