

Client: Jones, Ron & Jenny (JONESRJ) **Control #** _____

Project: Individual Income Tax Return (491) **Update Contact Information:** Yes

Prepare Updated Financial Statement: Yes

Project Information

Biller: _____

Entity: Individual Entity

Current Balance: **\$0.00**

Current WIP: **\$0.00**

Contact Name: Ron Jones

Home #: (210) 854-5255

Car # _____

Mobile #: _____

Business #: _____

Email: jenjonesr@com.cast.net

Address: 321 Lane
Apartment 123
Bad Axe, MI 48111

Billing Information:

From Billing Run at Month End

Bill with Return from UltraTax

Amount \$ _____

	Date	Initials
Preparation:		
Review:		
Collating:		
Rerun:		

Type of Return:

E FILE RETURN			PAYMENTS		
<u>Individual</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> PAYMENT VOUCHER	<input type="checkbox"/> ESTIMATES	
<u>Income Tax</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> EFT/ATA	<input type="checkbox"/> ESTIMATES: EFT/ATA	
<u>Return</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> EFTPS/ATA	<input type="checkbox"/> ESTIMATES: EFTPS/CLIENT	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PAYMENT VOUCHER	<input type="checkbox"/> ESTIMATES	If Yes to Payment Voucher:
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PAYMENT VOUCHER	<input type="checkbox"/> ESTIMATES	<input type="checkbox"/> Client Mail
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PAYMENT VOUCHER	<input type="checkbox"/> ESTIMATES	<input type="checkbox"/> Call April 1st
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PAYMENT VOUCHER	<input type="checkbox"/> ESTIMATES	<input type="checkbox"/> ATA Mail

K-1s

Name	Individual File	Mail	Enclose/Return

E-File Status:

Form 8879 Signed Yes No

E-File Rejected Yes No

E-File After Rejection Yes No

Paper Copy Printed: Yes No

Form 9325 Confirmed Yes No

* Signs Declaration Yes No

Additional Notes:

<p>Disposition of Return:</p> <p>Mailing <input type="checkbox"/></p> <p>Client Pickup <input type="checkbox"/></p> <p>Fed Ex <input type="checkbox"/></p> <p>Hold for F/S <input type="checkbox"/></p>	<p>Client Contact for Pick up:</p> <p>Date _____</p> <p>Initials _____</p> <p>2nd Date _____</p> <p>2nd Initials _____</p>	<p>Client Records:</p> <p>Shred <input type="checkbox"/></p> <p>Vault <input type="checkbox"/></p> <p>Attached <input type="checkbox"/></p> <p>None <input type="checkbox"/></p>	<p>Scanned Documents:</p> <p>Scanned By _____</p> <p>Date _____</p>
--	---	---	--