

Firm Name

SCANNING SHEET FOR TAX AUTHORITY COMMUNICATIONS

CLIENT CODE:	MATTER:							
CLIENT NAME:	DATE RECEIVED:							
WHAT IS TO BE BILLED TO CLIENT? IF NO CHARGE, WHY (CHECK FOR AUDIT GUARANTEE)?						<input type="checkbox"/> NO ACTION REQUIRED		
ISSUE:								
CLIENT ACTION REQUIRED:								
FIRM ACTION REQUIRED:								
ADMIN INSTRUCTIONS:	ROUTING							
	PREPARER		REVIEWER		ADMIN		QC	
	INITIAL	DATE	INITIAL	DATE	INITIAL	DATE	INITIAL	DATE
	<input type="checkbox"/> EMAIL TO:				<input type="checkbox"/> RETURN DOCUMENTS TO:			
<input type="checkbox"/> FRONT & BACK								