INDIVIDUAL TAX NOTICE	OFFICE:
Date Received:	Filing Status:
Client Name:	Spouse/Partner Name:
Social Security #:	Social Security#:
Date of Birth:	Date of Birth:
Address:	
City: State:	Zipcode
Home Phone:	Home Phone:
Cell Phone	Cell Phone:
Office Phone:	Office Phone:
Email:	Email:
IRS Notice:	Date:
Contact:	Phone Number:
Email:	Fax:
Notes:	
NCDOR Notice:	Date: Notice #:
Contact:	Phone#
Email:	Fax:
Notes:	
Other Correspondence:	Date: Notice #:
Contact:	Phone #:
Email:	Fax #:
Notes:	

DATE	ACTION

Client Name: _____ Client #: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Routing	Initials	Date
Date In		
Scanned		
Prepared		
1st Review		
Review Comments		
2nd Review		
Assembly		
Signed		
Contact Client		
Client Pick-Up		
Signed 8879		
Submitted for efile		
Fed		
State		
Accepted		
Fed		
State		

Info		
Tax Year		
Form		
Due Date		
Signer		
Biller		
Fee		
# of Copies		
	Yes	No
PDF Copies		
Form 8453		
Extended		
Accepted		

Comments: _____

Assembly: _____

NATP
National Association of Tax Professionals