



# Self-Preparation Tax Tool Sign In Sheet



Date: \_\_\_\_\_ Location: \_\_\_\_\_ Partner: \_\_\_\_\_

|                              |               |                                       |                |  |
|------------------------------|---------------|---------------------------------------|----------------|--|
| Print Name:                  | Phone Number: | E-Filed <input type="checkbox"/>      | Email Address: | Return Delayed? <input type="checkbox"/> |
|                              |               | Did not File <input type="checkbox"/> |                |  |
| Username: _____ Notes: _____ |               |                                       |                |  |
| Print Name:                  | Phone Number: | E-Filed <input type="checkbox"/>      | Email Address: | Return Delayed? <input type="checkbox"/> |
|                              |               | Did not File <input type="checkbox"/> |                |  |
| Username: _____ Notes: _____ |               |                                       |                |  |
| Print Name:                  | Phone Number: | E-Filed <input type="checkbox"/>      | Email Address: | Return Delayed? <input type="checkbox"/> |
|                              |               | Did not File <input type="checkbox"/> |                |  |
| Username: _____ Notes: _____ |               |                                       |                |  |
| Print Name:                  | Phone Number: | E-Filed <input type="checkbox"/>      | Email Address: | Return Delayed? <input type="checkbox"/> |
|                              |               | Did not File <input type="checkbox"/> |                |  |
| Username: _____ Notes: _____ |               |                                       |                |  |
| Print Name:                  | Phone Number: | E-Filed <input type="checkbox"/>      | Email Address: | Return Delayed? <input type="checkbox"/> |
|                              |               | Did not File <input type="checkbox"/> |                |  |
| Username: _____ Notes: _____ |               |                                       |                |  |
| Print Name:                  | Phone Number: | E-Filed <input type="checkbox"/>      | Email Address: | Return Delayed? <input type="checkbox"/> |
|                              |               | Did not File <input type="checkbox"/> |                |  |
| Username: _____ Notes: _____ |               |                                       |                |  |

Intake/Manager signature: \_\_\_\_\_

Training brought to you, in part, by One Economy's Digital Opportunity Network supported by the American Recovery Act's BTOP stimulus funds.

