

VITA QUALITY REVIEW LOG

Date: _____

Site: _____

	Customer's Last Name and Last 4 Digits of SSN	Preparer's Name	Quality Reviewer's Name				Comments/Notes (needs more info, customer will return (include date)), etc.	Notes and Tags Entered (if required)
					Refund Amount	Owed Amount		
1					Federal :			<input type="checkbox"/>
					State :			
2					Federal :			<input type="checkbox"/>
					State :			
3					Federal :			<input type="checkbox"/>
					State :			
4					Federal :			<input type="checkbox"/>
					State :			
5					Federal :			<input type="checkbox"/>
					State :			
6					Federal :			<input type="checkbox"/>
					State :			
7					Federal :			<input type="checkbox"/>
					State :			
8					Federal :			<input type="checkbox"/>
					State :			
9					Federal :			<input type="checkbox"/>
					State :			