



Paid Client List Report

Tax Preparer Name: _____ Period: from _____ to _____

Taxpayer Name	Last 4 SSN	Service Type (Tax Year, etc.)	Payment Method	Date of Payment	Total Paid	Deductions (Loan Fees)	Percentage of return completed (ex: 100%)	If split %, list preparer and % amount	Comments (Split % Name)

**This Paid Client List Report must be submitted no later than end of day on Tuesday to be included in Friday's payroll.
Any payment submitted after Wednesday, will not be included in pay until the following pay period.**