UNLIMITED TAXES & MORE, INC.®
"THE AFFORDABLE PROFESSIONAL ALTERNATIVE"

PROBLEM RESOLUTION FORM

Taxpayer Name(s):		Date:
Social Security Number (Primary if MFJ):		
Home Phone Number:	Work Phone Number:	
Tax Preparer Affiliate's Name:	Prep ID #:	Office #:

Describe Problem:

How Resolved/Recommendations:

Date Resolved:	By:

Comments to Tax Preparer Affiliate/Checker:

Copies of this Problem Resolution Form should be distributed to all of the following once resolved.

1. **Tax Preparer Affiliate**
2. **Office Manager**
3. **Tax Preparer Affiliate's File**
4. **Master File**

*******STAPLE ORIGINAL ON FRONT OF RETURN*******