

**Your Company Name, Inc.**

**Incomplete 1040's as of Monday, November 01, 2004**

**Preparer: Sue Beuro**

**Reviewer: Sue Beuro**

<b>Client ID</b>	<b>Name</b>	<b>Phone</b>	<b>Tax Year</b>	<b>Ext Filed</b>	<b>Date In</b>	<b>Incomplete Reason</b>	<b>Status</b>	<b>Nbr Days In Office</b>
GEIE7507	Geieqplin, James & Diane M	(630) 555-1717	2003	4/15/2004	04/05/04	Waiting for Questions/Info	Preparer	210
HOLM9941	Holminl, H. Glenn & Jodie A.	(847) 555-4545	2003	4/15/2004	04/15/04		Preparer	200
WALS1707	Walshason, Kevin A & Janin	(847) 555-8686	2003	4/15/2004	04/15/04	Miscellaneous	Reviewer	200

**Total Number of Incomplete Returns: 3**

**Average # of Days Incomplete: 203**

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**Total Number of 1040 Clients:** 173  
**Total Number of Incomplete Returns:** 3  
**Percentage of Incomplete Returns:** 1.73%