Practice Continuation Check List Practice Analysis Check List

	Average fee	1040	Sch A	Sch B	Sch C	Sch D	Sch E	Sch SE	Form 2441	Form 4869	Form 2848								other Forms	NC	SC	Other
Client Name																						
Address																						
Address																				.		
City, State Zip Code																				1		
Contact Dancer(s). Dhara Na (s)																						
Contact Person(s): - Phone No.(s)																						
Too much unneeded information? Is the	is much	n det	ail n	pode	43																	
What about time records for the firm?	is illuci					abo	ut p	eak i	perio	ds n	nav	he h	elnfi	ıl. ie	time	rec	ords	by r	nonth or quarter			
What about time records for the limit.		5011			Jugo	ubc	ut p	cuit	-	45 1	lay		l	,			0.45		nontin or quarter			
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