QR FEEDBACK FORM		DATE:	QR FEEDBACK FORM		DATE:
PREPARER ID:		SITE:	PREPARER ID:		SITE:
QUALITY REVIEWER ID:		la a a maret /b dississes	QUALITY REVIEWER ID:		Incorrect/Missing
INCOME	BASIC INFO	Incorrect/Missing	INCOME	BASIC INFO	Incorrect/Missing
	Names SSN / ITIN Date of Birth Address			Names SSN / ITIN Date of Birth Address	
CREDITS / DEDUCTIONS	OTHER HSA		CREDITS / DEDUCTIONS	OTHER HSA	
	W-7 / ITIN Banking Info			W-7 / ITIN Banking Info	
HEALTH INSURANCE	Additional (Comments	HEALTH INSURANCE	Additional No errors	Comments
PROCESSING ENVELOPE			PROCESSING ENVELOPE		
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QR FEEDBACK FORM		DATE: SITE:	QR FEEDBACK FORM		DATE: SITE:
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INCOME	Names SSN / ITIN Date of Birth Address		INCOME	BASIC INFO Names SSN / ITIN Date of Birth Address	
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HEALTH INSURANCE	Additional (Comments	HEALTH INSURANCE	Additional	Comments
PROCESSING ENVELOPE	☐ No errors		PROCESSING ENVELOPE	☐ No errors	