LA FIRST
Tax & Financial Services

ACCOUNTS RECEIVABLE WORKSHEET

COMPANY NAME: _____ FAX TO: (626) 285-4215

AS OF (MONTH, YEAR) _____

☐ check if a client prepared A/R Aging Report is attached

CUSTOMER NAME	DUE DATE	AMOUNT
	TOTAL	

I attest that the above information is true and correct to the best of my knowledge.

page ___ of ____

SIGNATURE:_____ DATE : _____