

90 DAY PRE-EXPIRATION CHECKLIST

*(Recommended to be completed **90 days** prior to expiration of the Plan)*

1. Has the Debtor made 100% of Plan payments? Yes No
 a. If not, amount of delinquency: \$ _____

2. Has the Debtor sent to the Trustee all required Tax Returns? Yes No
 a. If not, obtain from the Debtor the following Tax Returns and send to the Trustee:

Tax Year

Tax Year

3. Does the Debtor's Confirmed Plan require 100% of Tax Refunds to be remitted to the Trustee? Yes No
 a. If yes, please complete the following:

Tax Year	Refund Amount	Remitted	Excused	Offset by IRS	Proof Provided to Trustee?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Does the Debtor's Confirmed Plan require 100% of profit sharing/bonus income to be remitted to the Trustee? Yes No
 a. If yes, please complete the following:

Tax Year	Amount	Proof Provided to Trustee?	Remitted	Excused
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Has the Debtor remitted a sum sufficient to meet the dividend required? Yes No
 a. If not, amount needed to be remitted: \$ _____
 b. Will the needed amount be remitted by Plan expiration? Yes No

Reviewed by: _____

Date: _____