

## YEARLY CASE REVIEW CHECKLIST

1. Has Debtor sent Debtor's **TAX RETURNS** for current tax year and all prior years since confirmation of the Plan to the Chapter 13 Trustee? Yes  No
- a. If not, please complete the following and send the tax returns to the Trustee:

Tax Year	Date Sent	Refund Amount	Liability Amount

*(Note: Joint Debtors filing Tax Returns separately and married Debtors with non-filing spouses are required to provide both Tax Returns to the Trustee)*

2. Does Debtor's Plan require Debtor to remit 100% **TAX REFUNDS** (or 100% of any amount that exceeds the prorated amount on Schedule I)? Yes  No
- a. If yes, please complete the following:

Tax Year	Refund Amount	Remitted To Trustee	Excused	Offset By IRS	If Offset, 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"/>

3. Does Debtor's Plan require Debtor to remit 100% profit sharing and/or bonus income? Yes  No
- a. If yes, please complete the following:

Year	Amount	Remitted To Trustee	Excused	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"/>

4. Has Debtor remitted 100% of Plan payments? Yes  No
- a. If not, amount delinquent: \$ \_\_\_\_\_

5. All proofs of claim reviewed and compared to Trustee records?  
Yes  No

6. Is Debtor's Plan running timely? Yes  No
- a. If not, Plan payment amount needed to run timely: \$ \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_