**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 
   1. If not, amount of delinquency: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has the Debtor sent to the Trustee all required Tax Returns? Yes  No 
   1. If not, obtain from the Debtor the following Tax Returns and send to the Trustee:

|  |
| --- |
| Tax Year |
|  |
|  |
|  |

|  |
| --- |
| Tax Year |
|  |
|  |
|  |

1. Does the Debtor’s Confirmed Plan require 100% of Tax Refunds to be remitted to

the Trustee? Yes  No

* 1. If yes, please complete the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tax Year | Refund Amount | Remitted | Excused | Offset by IRS | Proof Provided to Trustee? |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |

1. Does the Debtor’s Confirmed Plan require 100% of profit sharing/bonus income to

be remitted to the Trustee? Yes  No

* 1. If yes, please complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tax Year | Amount | Proof Provided  to Trustee? | Remitted | Excused |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |

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

Reviewed by: Date: