**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

* 1. 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)*

1. 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

* 1. If yes, please complete the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tax Year | Refund Amount | Remitted  To Trustee | Excused | Offset By IRS | If Offset, 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 Debtor’s Plan require Debtor to remit 100% profit sharing and/or bonus income? Yes  No 
   1. If yes, please complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Amount | Remitted  To Trustee | Excused | 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 |

1. Has Debtor remitted 100% of Plan payments? Yes  No 
   1. If not, amount delinquent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. All proofs of claim reviewed and compared to Trustee records? Yes  No

1. Is Debtor’s Plan running timely? Yes  No 
   1. If not, Plan payment amount needed to run timely: $\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: Date: