

CORPORATE CHECKLIST

NAME OF CORPORATION: _____

MATTER NUMBER: _____

TIME PERIOD: _____ through _____

FOR INTERNAL USE ONLY:	
<input type="checkbox"/> Annual meeting held on _____	<input type="checkbox"/> Meeting by Written Consent
Individuals present: _____ _____	

Please answer the following items carefully. Check the appropriate boxes, and, if necessary, provide any information needed to complete. It is important to answer this checklist as completely as possible. The more detailed the information you provide, the less time our office must spend in determining missing information.

1. ELECTION OF DIRECTORS

- No changes from last year
- Add new director(s) [give names]: _____
- Remove director(s) [give names]: _____

2. ELECTION OF OFFICERS

- No changes from last year
- New Officers as follows:

President: _____ Vice-Pres: _____
Treasurer(CFO): _____ Secretary: _____

3. OFFICER COMPENSATION

- List total compensation (base salaries, bonuses, expense allowances) received for each officer (do not duplicate for person holding more than one office):

President: \$ _____ Vice-Pres: \$ _____
Treasurer(CFO): \$ _____ Secretary: \$ _____

- Officers received NO compensation

4. SHAREHOLDER DISTRIBUTIONS

- Shareholders received no dividends or distributions
- Shareholders received following dividend (or distributions if an S corporation)

<u>Shareholder</u>	<u>Amount</u>
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5. BANK ACCOUNTS

a. Account Information

- No changes in banks or bank accounts
- Opened new account(s) *[indicate bank and type of account]:*
Bank: _____ Account: _____
Bank: _____ Account: _____
- Closed account(s)
Bank: _____ Account: _____
- Changed banks *[indicate old and new banks]:*
Old Bank: _____
New Bank: _____

b. Authorized Signatures

- No changes to names or number needed
- Added authorized signature *[indicate name]:* _____
- Removed authorized signature *[indicate name]:* _____
- Changed number required to sign *[indicate account and new number]:*
Account: _____ Number of signatories: _____
Account: _____ Number of signatories: _____

6. BANK FINANCING (loans and lines of credit)

- No new borrowing during fiscal year
- New borrowing as follows *[please attach loan documents]:*

<u>Lender</u>	<u>Amount</u>	<u>Rate</u>	<u>Maturity</u>	<u>Payment/Frequency</u>
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7. LEASES

- No new leases or lease renewal during fiscal year
- New borrowing as follows *[please attach lease documents]:*

<u>Lessor/Lessee</u>	<u>Property Leased</u>	<u>Term</u>	<u>Rent/Frequency</u>
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8. PROPERTY PURCHASES AND SALES

a. Purchases

- No purchase of any real property or personal property in excess of \$1000
- Purchase of real property as follows:

<u>Seller</u>	<u>Site</u>	<u>Date</u>	<u>Amount</u>	<u>Terms</u>
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- Purchase of personal property in excess of \$1,000 [please list below or attach copy of tax return depreciation schedule]:

<u>Description</u>	<u>Amount</u>
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b. Sales

- No sales or other disposition of real property or capital assets
- Sale of real property as follows:

<u>Buyer</u>	<u>Site</u>	<u>Date</u>	<u>Amount</u>	<u>Terms</u>
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- Sale of capital assets [please list below or attach copy of tax return schedules]:

<u>Description</u>	<u>Date</u>	<u>Amount</u>
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9. SHAREHOLDER AND OFFICER LOANS

- No new loans during fiscal year
- New (or increased) loans TO shareholders as follows:

<u>Shareholder/Officer</u>	<u>Date</u>	<u>Amount</u>	<u>Repayment Terms</u>
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- New (or increased) loans FROM shareholders as follows:

<u>Shareholder/Officer</u>	<u>Date</u>	<u>Amount</u>	<u>Repayment Terms</u>
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10. SHAREHOLDER'S AGREEMENT (BUY/SELL)

- Shareholders' (Buy/Sell) Agreement currently in effect
 - Agreement requires annual valuation of Corporation value
New value at end of most recent fiscal year: \$ _____
 - Agreement DOES NOT require annual valuation of Corporation value
- No Shareholders' (Buy/Sell) Agreement in effect

11. INSURANCE (on shareholders, directors, officers)

- New life insurance (please provide following:)

Insured Benefit Premium Policy Type

- New disability insurance (please provide following):

Insured Benefit Premium

- No new insurance coverage during past year

12. EMPLOYEE BENEFITS

- Contribution to current pension/profit-sharing plan (please indicated as follows):

Plan Contribution Date

- New employee benefits added during year (please describe):

Benefit Added Date Added

- Employee benefits discontinued during year (please describe):

Benefit Discontinued Date Discontinued

13. PROFESSIONAL ADVISORS

- The Corporation has employed new professional advisors during the past year:

Advisor Services Date Hired Cost

- The Corporation has discontinued its relationship with the following professional advisors during the past year:

Advisor Services Date Terminated

14. LITIGATION

- Corporation has initiated, become a party to, or settled litigation during the past fiscal year (please describe in detail, attach additional sheet if necessary):

- Corporation has been involved with a tax dispute or other governmental regulatory dispute during the past fiscal year (please describe in detail, attach additional sheet if necessary):

15. OWNER RELATED MATTERS (check those applicable and explain as necessary)

a. Has there been a change in the marital status of one (or more of the corporation's principals during the past year? (YES) (NO)

b. Do the principals of the Corporation have estate plans? (YES) (NO)

c. If yes, are there recent changes or amendments? (YES) (NO)

If no, would you like us to arrange a meeting with our Estate Planning department?

(YES) (NO)

d. Has the personal income of any of the corporation's principals substantially increased, exclusive of their salary from the corporation? (YES) (NO)

If yes, please describe: _____

e. Has there been any increase in the personal estate of any of the corporation's principals due to an inheritance or otherwise? (YES) (NO)

If yes, please describe: _____

16. TAX RETURNS

Are the federal and state tax returns for the period covered by this Checklist available? *(Please check the appropriate box.)*

Yes, copies are enclosed.

Yes, please request copies directly from the corporation's accountant:

Accountant's name: _____

Accountant's phone number: _____

Not yet available. It is anticipated they will be available on _____

How do we obtain copies? _____

DATED: _____

[SIGNATURE]