



# 2025 INDIVIDUAL CHECKLIST

**\*\*\* NEW CLIENTS: Please provide a copy of your prior year's federal, state and/or city tax returns \*\*\***

### TAX RETURN DELIVERY

How would you like to receive your copy of the tax return (please check one only):  PAPER COPY  EMAIL COPY

### VIRTUAL CURRENCY

**At any time during 2025, did you receive as payment, sell, exchange or dispose of a financial interest in any virtual currency?**  YES  NO

### 2025 FILING STATUS (check only one)

Single  Married Filing Jointly  Married Filing Separately (please provide following):  
 Head of Household  Surviving Widow(er) w/ Qualifying Dependent Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Did either of these events take place at any time during 2025?  Marriage Date of Legal Marriage: \_\_\_\_\_  
 Divorce/Legal Separation Date of Divorce/Legal Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TAXPAYER INFORMATION

Check all that apply:  
 Blind  Hemiplegic  Paraplegic  
 Deaf  Quadraplegic  Totally & Permanently Disabled

First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_

Social Security No. \_\_\_\_\_

D.O.B. \_\_\_\_\_ D.O.D. \_\_\_\_\_

DL/ID# \_\_\_\_\_

Issued \_\_\_\_\_ Expires \_\_\_\_\_ ST \_\_\_\_\_

Email \_\_\_\_\_

**\*BEST PHONE\*** \_\_\_\_\_

Occupation \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### SPOUSE INFORMATION

Check all that apply:  
 Blind  Hemiplegic  Paraplegic  
 Deaf  Quadraplegic  Totally & Permanently Disabled

First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_

Social Security No. \_\_\_\_\_

D.O.B. \_\_\_\_\_ D.O.D. \_\_\_\_\_

DL/ID# \_\_\_\_\_

Issued \_\_\_\_\_ Expires \_\_\_\_\_ ST \_\_\_\_\_

Email \_\_\_\_\_

**\*BEST PHONE\*** \_\_\_\_\_

Occupation \_\_\_\_\_

### ADDRESS (to be shown on tax return)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

School District (where you lived on 12/31/25) \_\_\_\_\_

### MAILING ADDRESS (if different)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

### DEPENDENT(S) (to be claimed on current year's income tax return)

Only list dependents who lived with you for more than half of the year (full year if no relation) and 18 & under OR between ages 19-23 AND a student taking at least the minimum credit hours to be considered FULL-TIME for any part of FIVE months during the tax year). All others MUST have gross income of LESS THAN \$4,300 in 2025.

	FIRST NAME	LAST NAME	BIRTHDATE	SSN	RELATIONSHIP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

List any dependent(s) who are blind, deaf and/or totally & permanently disabled: \_\_\_\_\_

List any dependent(s) who could be the qualifying dependent of another taxpayer: \_\_\_\_\_

List any dependent(s) who were between 19-23, not enrolled in school full-time & earned more than \$4,300 in 25: \_\_\_\_\_

Do you have reason to believe any dependent above has already filed a 2025 return & claimed himself/herself?  YES  NO

Are you claiming any dependent(s) according to a divorce decree or separation agreement? If yes, include document(s).  YES  NO

### DIRECT DEPOSIT INFORMATION

I would like any **refund** directly deposited into the account listed below.  I would like any **tax due** paid electronically from the account listed below.

Name of Financial Institution \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

My 2025 filing status will be Married Filing Jointly, and this is a JOINT account with my spouse.

## 2025 INCOME

### WAGES (provide W-2)

	Name of Company	TP / SP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### MISC INCOME (provide 1099-MISC)

	Name of Company	TP / SP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### INTEREST (provide 1099-INT)

	Payer	Amt
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

### DIVIDENDS (provide 1099-DIV)

	Payer	Ord	Qual	CGD
1.	_____	\$ _____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____	\$ _____

### PENSION/ANNUITY (provide 1099-R)

	Payer	Amt	TP / SP
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### IRA (provide 1099-R)

	Payer	Amt	TP / SP
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### SALE OF STOCK (provide 1099-B)

SHORT-TERM GAIN(S)/LOSS(ES)			
	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

LONG-TERM GAIN(S)/LOSS(ES)			
	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

### SOCIAL SECURITY: TAXPAYER (provide SSA-1099)

Box 3 (Benefits Paid in 2025)	\$ _____
Box 4 (Benefits Repaid in 2025)	\$ _____
Box 6 (Voluntary Federal W/H)	\$ _____
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D

### SOCIAL SECURITY: SPOUSE (provide SSA-1099)

Box 3 (Benefits Paid in 2025)	\$ _____
Box 4 (Benefits Repaid in 2025)	\$ _____
Box 6 (Voluntary Federal W/H)	\$ _____
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D

### HSA DISTRIBUTION (provide 1099-SA)

Trustee: _____
Gross Distribution \$ _____ Amt Used for Medical Exp \$ _____
Trustee: _____
Gross Distribution \$ _____ Amt Used for Medical Exp \$ _____

### OTHER INCOME (provide supporting documents)

	TP	SP
State Income Tax Refund	\$ _____	\$ _____
<b>Unemployment Compensation</b>	\$ _____	\$ _____
- Federal Withholding	\$ _____	\$ _____
- State Withholding	\$ _____	\$ _____
Alimony (only for agreements executed before 01/01/19)		
- Received	\$ _____	\$ _____
- Paid (Need Recipient's SSN)	\$ _____	\$ _____
Jury Duty	\$ _____	\$ _____
Election Board Fees	\$ _____	\$ _____
Prizes/Lottery/Gambling		
- Winning(s)	\$ _____	\$ _____
- Losses	\$ _____	\$ _____
Bartering	\$ _____	\$ _____
Farm Income	\$ _____	\$ _____

### INSTALLMENT SALE (attach add'l sheet if needed)

Name _____ SSN _____
Address _____
City _____ ST _____ Zip _____
Interest Paid \$ _____ Principal Paid: \$ _____

### NONTAXABLE INCOME

Veterans Pension/Disability \$ _____	Cancelled Debt \$ _____
Worker's Comp or SDI \$ _____	Other \$ _____
Child Support \$ _____	Other \$ _____
Gain on Sale of Residence \$ _____	Other \$ _____
Gifts over \$300 \$ _____	Other \$ _____

## 2025 DEDUCTIONS

### MEDICAL

Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or amounts paid using funds from an HAS or FSA.

**DO NOT INCLUDE HEALTH INSURANCE PREMIUMS PAID WITH PRE-TAX INCOME SUCH AS PRE-TAX DEDUCTIONS FROM YOUR PAYCHECK**

Medical & Dental Expenses, including:

Office Visits	Lab Tests/Therapy/X-Rays	
Co-pays	Dental/Orthodontics	
Doctors/Specialists	Hearing Aid	
Hospital/Ambulance	Eye Exam/Glasses/Contacts	\$ _____

Prescription Drugs \$ \_\_\_\_\_

Medical Insurance TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Prescription Insurance TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Dental/Vision Insurance TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Long-Term Care Insurance TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Medicare Premiums TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Medical Miles Driven # \_\_\_\_\_

### TAXES

State Income Tax PAID in 2025 for Prior Year's Tax \$ \_\_\_\_\_

Local Income Tax PAID in 2025 for Prior Year's Tax \$ \_\_\_\_\_

2025 Homestead TAXABLE Value (MI ONLY) \$ \_\_\_\_\_

Real Estate Taxes PAID in 2025:

- Principal Residence \$ \_\_\_\_\_

- Second Home/Cottage \$ \_\_\_\_\_

- Vacant Land \$ \_\_\_\_\_

- Other \$ \_\_\_\_\_

Real Estate Taxes PAID @ Closing (Provide Docs) \$ \_\_\_\_\_

Real Estate Taxes REIMB @ Closing (Provide Docs) (\$ \_\_\_\_\_)

**\*\*\*AUTO LICENSE TABS\*\*\*** \$ \_\_\_\_\_

Other Personal Property Taxes \$ \_\_\_\_\_

Sales Tax Paid (Type in State of Residence in 2025)

- Actual Sales Tax Paid in 2025 \$ \_\_\_\_\_

- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY) \$ \_\_\_\_\_

### INTEREST

Qualified Mortgage Interest:

- 1st Home \$ \_\_\_\_\_

- 2nd Home \$ \_\_\_\_\_

Qualified Home Equity Loan (only if used to buy/build/improve home) \$ \_\_\_\_\_

Land Contract Interest Paid \$ \_\_\_\_\_

To Whom Paid:

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Points Paid on New Home Purchase \$ \_\_\_\_\_

Points Paid on Refinance of Current Home \$ \_\_\_\_\_

Term of Refinanced Loan (in years) \_\_\_\_\_

Investment Interest Paid \$ \_\_\_\_\_

Boat or Motor Home Interest\* \$ \_\_\_\_\_

*\*Must have eating, sleeping & toilet facilities*

### ADJUSTMENTS TO AGI

Educator Expenses TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Health Savings Acct Contribution\* TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Moving Expenses (active military only) TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Self-Employed SEP/SIMPLE/Qual Plans TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Self-Employed Health Ins Deduction TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Penalty on Early Withdrawal on Savings TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Alimony Paid: TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Recipients SSN \_\_\_\_\_

Divorce/Separation Agreement Date \_\_\_\_\_

Traditional IRA Contribution TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Roth IRA Contribution TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Student Loan Interest Deduction TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

*\*Not including payroll deductions or contributions from employer.*

### CHARITABLE CONTRIBUTIONS

**\*\*\*To be deductible, must have acknowledgement from qualified organization\*\*\***

Cash/Check/Credit Card \$ \_\_\_\_\_

Other than Cash/Check (i.e. clothing/household items) \$ \_\_\_\_\_

*If over \$500, please provide the following (attached addt'l sheets if necessary)*

ITEM(S)	DATE DONATED	COST	FMV
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		\$ _____	\$ _____
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		\$ _____	\$ _____
--	--	----------	----------

		\$ _____	\$ _____
--	--	----------	----------

		\$ _____	\$ _____
--	--	----------	----------

		\$ _____	\$ _____
--	--	----------	----------

Automobile		\$ _____	\$ _____
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Boat		\$ _____	\$ _____
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Aircraft		\$ _____	\$ _____
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Charitable Miles Driven in 2025		# _____	
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### 2025 ESTIMATED TAX PAYMENTS

	FEDERAL	STATE	CITY
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1st Qtr (04/15/2025)	\$ _____	\$ _____	\$ _____
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2nd Qtr (06/17/2025)	\$ _____	\$ _____	\$ _____
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3rd Qtr (09/16/2025)	\$ _____	\$ _____	\$ _____
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4th Qtr (01/15/2026)	\$ _____	\$ _____	\$ _____
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2024 overpayment applied

to 2025	\$ _____	\$ _____	\$ _____
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### NOTES

## 2025 CREDITS

### MARKETPLACE INSURANCE PREMIUM TAX CREDIT

\*\*\*\*PLEASE PROVIDE 2025 FORM 1095-A\*\*\*\*

In 2025, were you covered by health insurance purchased through the Health Insurance Marketplace?  Yes  No  
If yes, please provide Form 1095-A. It is needed to reconcile any advance premium tax credits (APTC) you received during the year.

### HIGHER EDUCATION EXPENSES (provide 1098-T)

Student 1	Student 2
School _____	School _____
Qualified Tuition Paid in 2025 \$ _____	Qualified Tuition Paid in 2025 \$ _____
Books & Required Supplies Paid in 2025 \$ _____	Books & Required Supplies Paid in 2025 \$ _____
Has student has completed first 4 years of college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has student has completed first 4 years of college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has student has been convicted of felony? <input type="checkbox"/> No <input type="checkbox"/> No	Has student has been convicted of felony? <input type="checkbox"/> No <input type="checkbox"/> No

### CHILD & DEPENDENT CARE EXPENSES

Child 1	Child 2
Caretaker _____ ID# _____	Caretaker _____ ID# _____
Address _____	Address _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____

### RESIDENTIAL ENERGY CREDITS

#### RESIDENTIAL ENERGY EFFICIENT PROPERTY (Any home owned and used as a residence during 2025)

Includes materials & labor for onsite preparation, assembly/original installation & piping/wiring to interconnect for the following improvements only:

Qualified Solar Electric Property Costs \$ _____	Qualified Geothermal Heat Pump Property Costs \$ _____
Qualified Solar Water Heating Property Costs \$ _____	Qualified Fuel Cell Property Costs \$ _____
Qualified Small Wind Energy Property Costs \$ _____	

#### NONBUSINESS ENERGY PROPERTY CREDIT (Principal residence only)

If the total of any nonbusiness energy property credits taken in previous years (after 2005) is more than \$500, you cannot take the credit in 2025.

Insulation \$ _____	Natural Gas/Propane/Oil Water Heater \$ _____	Electric Heat Pump Water Heater \$ _____
Exterior Door \$ _____	Natural Gas/Propane/Oil Water Boiler \$ _____	Electric Heat Pump \$ _____
Exterior Window & Skylight \$ _____	Natural Gas/Propane/Oil Furnace \$ _____	Central Air Conditioner \$ _____
Certain Metal or Asphalt Roof \$ _____	Advanced Main Circulating Fan Used in Natural Gas/Propane/Oil Furnace \$ _____	Biomass Fuel Stove \$ _____

(Do not include installation costs on any of the above)

### ADOPTION CREDIT

Child 1	Child 2
Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child	Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child
Was the adoption final in 2025 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the adoption final in 2025 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adoption Fees \$ _____	Adoption Fees \$ _____
Attorney(s) Fees \$ _____	Attorney(s) Fees \$ _____
Court Costs \$ _____	Court Costs \$ _____
Travel Expenses (incl. Meals & Lodging) \$ _____	Travel Expenses (incl. Meals & Lodging) \$ _____
Re-Adoption Expenses re: Foreign Child \$ _____	Re-Adoption Expenses re: Foreign Child \$ _____
Amount of employer-provided benefits received \$ _____	Amount of employer-provided benefits received \$ _____

### MI PROPERTY TAX CREDIT

No. of Months _____ Rent (per Month) \$ _____	No. of Months _____ Rent (per Month) \$ _____
Landlord _____	Landlord _____
Address _____	Address _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____

# 2025 SCHEDULE C (SOLE PROPRIETORSHIP & SINGLE MEMBER LLC)

BUSINESS 1

BUSINESS 2

Business Name		
Address		
City/State/Zip		
Business Activity		
Product or Service		

## PPP/EIDL/EIDG

Please indicate the amount received in 2025 from any of the following:

Paycheck Protection Program (PPP)	\$		\$	
Have you applied for PPP loan forgiveness?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Economic Injury Disaster Loan (EIDL)	\$		\$	
Economic Injury Disaster Grant (EIDG)	\$		\$	
Other:	\$		\$	

## 1099 DUE DILIGENCE

Were payments made in 2025 that would require filing Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you file all required Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## INCOME & EXPENSES

Gross Receipts (including all 1099s)	\$		\$	
Returns & Allowances	\$		\$	
Other Income	\$		\$	
Cost of Goods Sold				
Beginning Inventory as of 01/01/25 (At Cost)	\$		\$	
Purchases	\$		\$	
Cost of Labor	\$		\$	
Materials & Supplies	\$		\$	
Other Costs	\$		\$	
Ending Inventory as of 12/31/25 (At Cost)	\$		\$	
Advertising	\$		\$	
Bank Charges	\$		\$	
Commissions & Fees	\$		\$	
Dues & Publications	\$		\$	
Insurance - Health	\$		\$	
Insurance - Other	\$		\$	
Interest	\$		\$	
Licenses	\$		\$	
Legal & Professional	\$		\$	
Meals	\$		\$	
Office Expense	\$		\$	
Postage & Freight	\$		\$	
Rent	\$		\$	
Repairs & Maintenance	\$		\$	
Taxes	\$		\$	
Telephone	\$		\$	
Travel	\$		\$	
Utilities	\$		\$	
Wages	\$		\$	

## AUTO

Auto (Mileage):				
- Total Miles (driven in 2025)	#		#	
- Business Miles (driven in 2025)	#		#	
Auto (Actual Expenses):				
Base Price-Trade In+Sales Tax	\$		\$	
Car Wash	\$		\$	
Gasoline	\$		\$	
Insurance	\$		\$	
Interest	\$		\$	
Lease Vehicle Payments	\$		\$	
Oil Changes	\$		\$	
Parking Fees/Tolls	\$		\$	
Registration	\$		\$	
Repairs & Maintenance	\$		\$	
Tires	\$		\$	

## 2025 SCHEDULE E (RENTAL REAL ESTATE & ROYALTIES)

Did more than 1/2 of the personal services performed in all trades/businesses involve real property trades/business which you materially participated?  Yes  No

Did you perform more than 750 hours of services in real property trades/business in which you materially participated?  Yes  No

PROPERTY 1

PROPERTY 2

PROPERTY 3

Property Type (see below):

1=Single Family Residence  
  2=Multi Family Residence  
  3=Vacation/Short-Term  
  4=Commercial  
  5=Land  
  6=Royalties  
  7=Self-Rental  
  8=Other

Did you actively participate in rental?  Yes  No                       Yes  No                       Yes  No

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

# Days Rented @ Fair Rental Value                      #                      #                      #

# Days Used Personally                      #                      #                      #

Gross Rents                      \$                      \$                      \$

Gross Royalties                      \$                      \$                      \$

### INCOME & EXPENSES

Advertising                      \$                      \$                      \$

Association Fees                      \$                      \$                      \$

Cleaning & Maintenance                      \$                      \$                      \$

Commissions                      \$                      \$                      \$

Insurance                      \$                      \$                      \$

Legal & Professional                      \$                      \$                      \$

Management Fees                      \$                      \$                      \$

Mortgage Interest                      \$                      \$                      \$

- Form 1098                      \$                      \$                      \$

- Other                      \$                      \$                      \$

Painting & Decorating                      \$                      \$                      \$

Repairs & Maintenance                      \$                      \$                      \$

Supplies                      \$                      \$                      \$

Taxes                      \$                      \$                      \$

Utilities                      \$                      \$                      \$

Other: \_\_\_\_\_ \$                      \$                      \$

Other: \_\_\_\_\_ \$                      \$                      \$

**Major Improvements:**

Description                      Description                      Description

Amount                      \$                      Amount                      \$                      Amount                      \$

Date in Service                      Date in Service                      Date in Service

Description                      Description                      Description

Amount                      \$                      Amount                      \$                      Amount                      \$

Date in Service                      Date in Service                      Date in Service

### AUTO

**Auto (Mileage):**

- Total Miles (driven in 2025)                      #                      #                      #

- Business Miles (driven in 2025)                      #                      #                      #

**Auto (Actual Expenses):**

Base Price-Trade In+Sales Tax                      \$                      \$                      \$

Car Wash                      \$                      \$                      \$

Gasoline                      \$                      \$                      \$

Insurance                      \$                      \$                      \$

Interest                      \$                      \$                      \$

Lease Vehicle Payments                      \$                      \$                      \$

Oil Changes                      \$                      \$                      \$

Parking Fees/Tolls                      \$                      \$                      \$

Registration                      \$                      \$                      \$

Repairs & Maintenance                      \$                      \$                      \$

Tires                      \$                      \$                      \$

# 2025 NOTES

Please list any questions or additional information you may have. If in response to a specific page, please reference page & item in question.