Katrina Keeby LLC Tax Return Questionnaire - 2020 Tax Year - Page 1 of 18

***Please complete this form accurately. This will save you time and money and help us help you more effectively.***

**Tax Return Questionnaire - 2020 Tax Year**

|  |  |  |
| --- | --- | --- |
| **Name and Address:** |  | **Occupation** |
| Taxpayer: |  |  |
| Address: | | |
|  | | |
| Spouse: |  |  |
| Address: | | |
|  | | |
| **Phone Numbers** |  | Home: Work: |

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you wish $3 to go to the Presidential Election Campaign? (Tax amount not affected) □**Yes** □**No**

**Filing Status**: □ Single □ Married □ Head of Household □ Qualifying Widow Birth Date:

**Birthday** Month, Day, Year **Yourself**: / /\_\_\_ **Spouse:** /\_\_\_/\_\_\_

**VIRTUAL CURRENCY:**

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? **Yes No (like Bitcoin)**

**HEALTH INSURANCE COVERAGE:**

1. If you had health care coverage with a government Marketplace (Exchange) during 2020. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.

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**Did you receive a form 1095-A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO**

**Did you receive a form 1095-B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO**

**Did you receive a form 1095-C \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO**

Were you issued a hardship exemption by the Marketplace (Exchange).  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO**

If so, please provide all applicable exemption certificate numbers issued for each member of your family.

Please indicate any months that a member of your "tax family" was **NOT** insured.

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPENDENTS: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income over $2020 \_\_\_\_\_\_\_\_\_\_\_\_**

**DEPENDENTS: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income over $2020 \_\_\_\_\_\_\_\_\_\_\_\_**

**DEPENDENTS: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income over $2020 \_\_\_\_\_\_\_\_\_\_\_\_**

**DEPENDENTS: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income over $2020 \_\_\_\_\_\_\_\_\_\_\_\_**

**DEPENDENTS: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income over $2020 \_\_\_\_\_\_\_\_\_\_\_\_**

**INCOME: Please send the following forms to** [**katrinakeeby@gmail.com**](mailto:katrinakeeby@gmail.com) **or 313.492.1352**

**How many form W2’S \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many form 1099’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many social security annual statements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State local income tax form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rental income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CREDITS:**

**Child and Dependent Care:**

(1) Number of Qualifying Individuals**\_\_\_\_\_\_\_**

(2) Name, address and identification number of each provider:

|  |  |  |
| --- | --- | --- |
| ***Name*** | ***Address:*** | ***Amount Paid*** |
|  |  |  |
|  |  |  |

If payments were made to an individual, were the services performed in your home? \_\_\_\_**Yes** \_\_\_\_**No**

If "Yes," have payroll reports been filed? \_\_\_\_\_**Yes** \_\_\_\_\_\_**No**

**Expenses incurred in connection with adoption.**

"Special Needs" child \_\_\_\_\_\_**Yes** \_\_\_\_\_\_\_**No**

**Tuition & Fees paid for higher education** *(American Opportunity & Lifetime Learning Credits)... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Did you receive a 1098T form \_\_\_\_\_\_\_Yes \_\_\_\_\_\_NO*

**Foreign Tax Credits**......................................................................**\_\_\_\_\_\_\_** Attach detail of type foreign tax, country, and whether "withheld" or paid direct.

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**2020 Estimated Tax Payments \_\_\_\_\_ Yes \_\_\_\_\_\_ No**

If so Amount of payments Federal \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_

**ITEMIZED DEDUCTIONS:**

**Medical and Dental Amount**

|  |  |
| --- | --- |
| 1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2020 (reduce any insurance reimbursements) |  |
| 2. Transportation and lodging incurred to obtain medical care |  |
| 3. Other - hearing aids, eyeglasses, medical devices, etc. |  |
|  |  |
|  |  |

**Taxes Paid in 2020 Amount**

|  |  |
| --- | --- |
| 1. State and local income taxes not listed elsewhere |  |
| 2. Real estate taxes not listed elsewhere |  |
| 3. Personal property taxes (includes owners tax on auto registration) |  |

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**Interest Paid in 2020 Amount**

|  |  |
| --- | --- |
| 1. Home mortgage interest paid to financial institutions |  |
| 2. Home mortgage interest paid to individuals |  |
| Name: |  |
| Address: |  |
| 3. Points paid on [ ] purchase [ ] refinance (include details) |  |
| 4. Investment Interest |  |
| 5. Student Loan Interest |  |

**Automobile Use in 2020**

To deduct mileage for auto expenses on a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit.

**Car #1**

|  |  |
| --- | --- |
| Make |  |
| Model |  |
| Year |  |
| *If the vehicle is being used by the owner, please provide the following information* | |
| Date of Purchase |  |
| Purchase Price |  |

**For Period of Jan. 1, 2020 to Dec. 31, 2020 Amount**

|  |  |
| --- | --- |
| Business Mileage |  |
| Moving Mileage – only members of the Armed Forces on active duty who moved because of a permanent change of station |  |
| Charitable Mileage |  |
| Total Mileage |  |

**Car #2**

|  |  |
| --- | --- |
| Make |  |
| Model |  |
| Year |  |
| *If the vehicle is being used by the owner, please provide the following information* | |
| Date of Purchase |  |
| Purchase Price |  |

\*Commuting mileage must not be added to business mileage.

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**For Period of Jan. 1, 2020 to Dec. 31, 2020 Amount**

|  |  |
| --- | --- |
| Business Mileage |  |
| Moving Mileage – only members of the Armed Forces on active duty who moved because of a permanent change of station |  |
| Charitable Mileage |  |
| Total Mileage |  |

**Contributions:** *(Written documentation is required for all gifts of $250 or more)* **Amount**

|  |  |
| --- | --- |
| 1. Cash - Less than $3,000 paid to any one organization |  |
| 2. Cash - $3,000 or more to any one organization -- show name of organization |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 3. Other than cash - Attach details |  |

**Casualty and Theft Losses -** Attach Details...................................................

**Miscellaneous Deductions:** Eliminated for tax years 2018 through 2025 due to tax reform.

|  |  |
| --- | --- |
| **Employee business expenses - attach details** | **Amount** |
| Reimbursed | 0 |
| Not Reimbursed | 0 |
| Job hunting expenses (list) | 0 |
| **Other Expenses** | 0 |
| Tax Preparation | 0 |
| Union Dues | 0 |
| Business Publications | 0 |
| Professional Dues/Fees | 0 |
| Safety Deposit Box Rental | 0 |
| Small Tools used in your trade or business | 0 |
| Business telephone | 0 |
| Uniforms & Cleaning | 0 |
| IRA Custodial fees | 0 |
| Investment Expenses | 0 |
| Education Expenses (attach details) | 0 |
| Business Entertainment | 0 |
| Other Miscellaneous deductions | 0 |

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**Adjustments to Income:**

|  |  |  |
| --- | --- | --- |
|  | **Maximize?** | **Amount** |
| 1. Your IRA deduction | □**Yes** □**No** |  |
| 2. Spouse's IRA deduction | □**Yes** □**No** |  |
| 3. Keogh SEP deduction | □**Yes** □**No** |  |
| 4. Penalty for early withdrawal of savings. |  |  |
| 5. Alimony paid - List name |  |  |
| 6. Self-employed health insurance premiums |  |  |

**Did anyone in your family receive a scholarship of any kind during 2020?** If yes, please supply details. □**Yes** □**No** *(This includes athletic scholarships)*

**If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:**

Addition: Description, Date acquired, cost (& trade-in, if any) Dispositions: Description, Date of disposition, amount realized

***Note:*** *If we did not prepare your 2019 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation.*

**If we have not previously prepared your return - please provide a copy of your 2019 tax returns.**

**Did you settle any notices or settle any tax examinations concerning your prior tax years' returns?** □**Yes** □**No**

(If yes, please provide copy of notices, settlement reports, etc.)

**Did you receive any payments from a pension or profit sharing plan?** \_\_\_\_**Yes** \_\_\_\_\_\_**No** (If yes, provide pertinent information or statements from the plan.

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**Did you sell your primary residence during 2020?** \_\_\_\_\_**Yes** \_\_\_\_\_**No**

If "Yes," provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital

improvements you made during the time you owned the property, and any

expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of form 2119 from your tax return for the year of sale.

**Did you change your state residency during 2020?** \_\_\_\_\_**Yes** \_\_\_\_\_\_**No**

If "Yes" ***AND*** you were a member of the Armed Forces on active duty who moved because of a permanent change of station, please provide the following:

|  |  |
| --- | --- |
| Previous address: |  |
| Date of move: |  |
| Distance: | miles |
| Costs of move: |  |
| (describe) |  |

**If you would like your tax refund (if any) deposited directly into your bank:**

|  |  |  |
| --- | --- | --- |
| **Account Type:** | **Your Account Number:** | **Bank Routing Number:** |
| Checking [ ] Savings [ ] |  |  |

Did you lease a car which you used for business purposes?....................................... □**Yes** □**No**

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) tern of the lease, (3) number of payments made, (4) number of days the car was leased in 2020, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

**Rental & Royalty Income and Expense**

Property Type: □ Residential □ Commercial

Location:

|  |
| --- |
|  |

If Vacation Home:

|  |  |
| --- | --- |
| *Number of days rented* |  |
| *Number of days used personally* |  |

Property is owned by: □ Taxpayer □ Spouse □ Joint

Percentage ownership of not 100%: %

(Please indicate if income and expenses below are listed at 100% or your percentage.)

Did you live in part of the rental property?..............................................................□**Yes** □**No** If yes, what percentage did you occupy as a tenant? %

□ Check if rented to a related party.

|  |
| --- |
| Explain Relation: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **Amount** |  |  |
| 1. Rental income. |  |  |  |
| 2. Royalties received |  |  |  |
| **Expenses** | **Amount** |  | **Amount** |
| 1. Advertising |  | 16. Property taxes |  |
| 2. Association dues |  | 17. Utilities |  |
| 3. Auto miles driven |  | Other (description) |  |
| 4. Travel |  | 18a. |  |
| 5. Cleaning and Maintenance |  | 18b. |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| 6. Commissions |  | 18c. |  |
| 7. Insurance |  | 18d. |  |
| 8. Legal and professional fees |  | 18e. |  |
| 9. Allocated tax preparation fees |  | 18f. |  |
| 10. Licenses and permits |  | 18g. |  |
| 11. Management fees |  | 18h. |  |
| 12. Mortgage interest -- (Form 1098) |  | 18i. |  |
| 13. Other interest |  | 18j. |  |
| 14. Repairs |  | 18k. |  |
| 15. Supplies |  | 18l. |  |

**Depreciation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Property** | **Date**  **Acquired** | **Cost or Other Basis** | **Depreciation**  **Method** | **Prior**  **Depreciation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Business Income & Expenses (Sole Proprietorship)**

Principle business or profession:

Business name:

Employer ID number

Business address:

City State Zip Code

Business is owned by: □ Taxpayer □ Spouse

Accounting Method: □ Cash □ Accrual

Inventory method: □ Cost □ Lower cost or market □ Other □ N/A Did you materially participate in the business? \_\_\_Yes \_\_\_\_ No

Check if this is the first year of the business.\_\_\_\_\_Yes \_\_\_\_No

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|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **Amount** | **Cost of Goods Sold** | **Amount** |
| 1. Gross receipts or sales |  | 1. Beginning of year inventory |  |
| 2. Returns and allowances. |  | 2. Purchases |  |
| 3. Other income. |  | 3. Cost of items used personally |  |
|  |  | 4. Cost of labor |  |
|  |  | 5. Materials and supplies |  |
|  |  | 6. Other costs |  |
|  |  | 7. End of year inventory |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **Amount** | **Expenses** | **Amount** |
| 1. Advertising |  | 21. Other taxes |  |
| 2. Bad debts (N/A cash benefits) |  | 22. Licenses |  |
| 3. Commissions and fees |  | 23. Travel |  |
| 4. Employee benefits |  | 24. Meals and entertainment |  |
| 5. Health insurance |  | 25. Utilities |  |
| 6. Other insurance |  | 26. Wages |  |
| 7. Mortgage interest |  | 27. Management fees |  |
| 8. Other interest |  | 28. Consulting expenses |  |
| 9. Legal and accounting fees |  | 29. Payroll service |  |
| 10. Allocation of tax preparation fees |  | 30. Employee vehicle expense |  |
| 11. Office expense |  | 31. Employee mileage  reimbursement |  |
| 12. Pension and profit sharing plans |  | 32. Client gifts (limited to $25 each) |  |
| 13. Rent, vehicles |  | 33. Education and seminars |  |
| 14. Rent, equipment |  | 34. Other: (Description) |  |
| 15. Rent, building |  | 35. |  |
| 16. Repairs & maintenance, building |  | 36. |  |
| 17. Repairs & maintenance, equipment |  | 37. |  |
| 18. Repairs & maintenance, vehicles |  | 38. |  |
| 19. Supplies |  | 39. |  |
| 20. Payroll taxes |  | 40. |  |

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**Depreciation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Property | Date  Acquired | Cost or Other  Basis | Depreciation Method | Prior  Depreciation |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Business Use of Home**

Do you use any part of your home regularly and exclusively for business? \_\_\_\_\_**Yes** \_\_\_\_\_\_\_**No**

Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g.,10%, 20%).........................................................................................................

Description of work done in home office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of work done outside of work office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total area of home**\_\_\_\_\_\_\_\_** Total area of home used regularly for business.**\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | **Direct costs**  (benefit only  business portion of home) | **Indirect costs**  (other) |
| Home insurance |  |  |
| Repairs and maintenance |  |  |
| Utilities |  |  |
| Rent |  |  |
| Other. |  |  |

**If Daycare Facility:**

|  |  |
| --- | --- |
| Days used as a daycare facility. |  |
| Prior year carryover of unallowed losses |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cost of home and improvements and prior depreciation. | | | |  | |
| Depreciation of home, improvements, furniture, and equipment. | | | |  | |
| Property | Date  Acquired | Cost or Other Basis | Depreciation Method | | Prior  Depreciation |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |

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**Household Employees: (Nanny Tax)**

Did you pay a household employee at least $2,200 this year?

\_\_\_\_\_\_\_ **Yes** \_\_\_\_**No** *(e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)*

If yes, please provide the following information for each:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Federal Income tax withheld |  |
|  |  | Social Sec. tax withheld |  |
| Wages paid |  | Medicare tax withheld |  |
|  |  | State income tax  withheld |  |

Your Employer Identification Number (you can no longer use your Social Security number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Has W-2 been filed? **Yes [ ] No [ ]** | | |
| If no, do you want us to prepare for you? | **Yes [ ]** | **No [ ]** |
| Have the necessary state employment returns been filed? If | **Yes [ ]** | **No [ ]** |
| No, do you want us to prepare for you? | **Yes [ ]** | **No [ ]** |
| Was the household employee under eighteen years of age and a student? | **Yes [ ]** | **No [ ]** |

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**Additional Information**

Please elaborate on any of your tax data or include facts and circumstances we should be aware of to properly prepare your tax return. Also include any questions you may have.

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