

<b>SOURCE</b>	Steptoe & Johnson and Allen & Overy
<b>DATE</b>	November 2015

## Candidate Vetting Checklist

### Section 1 – Tax Returns and Tax Return Preparation

(a)	Have you ever been audited for taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	Have you ever paid taxes late?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Have you ever paid any tax-related penalties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d)	Have you ever had a tax lien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e)	Do you have an accountant who prepares your tax returns?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 2 – Salary and Bonuses

(a)	Have you received bonuses in the last two years?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	When are bonuses normally paid?		
(b)	Is it possible that will receive a bonus upon departure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Do you receive K-1's?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 3 – Executive Compensation Arrangements

1.	Do you have any executive compensation arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Complete the following if you responded “YES”		
(a)	Do you hold any compensatory stock options, phantom stock, restricted stock, or other equity compensation? If so, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	Do you anticipate accelerated vesting upon departure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Do you hold any carried interests or profits interests? If so, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 4 – Household Employees and Other Service Providers

(a)	Do you pay any individuals, whether as employees or otherwise as service providers, to work in your home or for you personally (nannies, housekeepers, tutors, gardeners, drivers, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	Have you ever employed or otherwise engaged as source providers any of the categories of individuals in paragraph (a):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If you responded “YES” to (a) or (b):		
	Names of service providers:	Types of services provided:	
(c)	Have you verified that each employee or service provider is or was authorized to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d)	Do you have any W-2's, Schedule H's, 1099's, or I-9's for the employees or other service providers?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* If answer to question is “Yes,” please fill out coordinating contact information in Section 9.

Section 5 – Speeches and Publications			
(a)	Have any of your speeches or publications ever generated public controversy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, please describe:		
(b)	Have any of your public appearances been recorded (e.g., YouTube)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, please describe:		

Section 6 – Investment Information			
(a)	Names of banks, etc. for all bank accounts (including checking, money market, savings) for yourself and spouse?		
(b)	Have you made any FBAR filings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Do you have any investment accounts other than bank accounts?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, please list names of financial institutions in which you have investment/brokerage accounts:		
(d)	Do you own any investments other than mutual funds, stocks and securities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(i) Private equity investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(ii) Hedge funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(iii) Real estate investments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(iv) Derivatives or similar holdings (e.g., call options, short positions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(v) 529 Savings Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(vi) UTMA accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e)	Are you a grantor, settlor, beneficiary or trustee of any trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f)	Is your spouse or any child a beneficiary of a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 7 – Liabilities			
(a)	Do you have any mortgages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, name of lender:		
	Location of property:		
(b)	Have you co-signed a loan for anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Have you ever defaulted or been in arrears on a mortgage or any other debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Do you have any other liabilities, other than mortgages or credit card debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 8 – Litigation			
(a)	Have you ever been involved in any litigation either directly or as an officer or director of a company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, in what capacity (plaintiff, defendant, witness, expert, etc.)?		

\* If answer to question is “Yes,” please fill out coordinating contact information in Section 9.

Section 9 – Contact Information			
1(e)	Contact information for your accountant		
	Name:	Phone:	Email:
	Has he or she been given permission to provide information to us?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2(a)	Contact information at employer for salary and benefits information:		
	Name:	Phone:	Email:
2(c)	Contact information for K-1's (e.g. fund managers or general partner)		
	Name:	Phone:	Email:
4(d)	Contact information of accountant concerning tax filings for employees or other service provider (W-2's, 1099's)		
	Name:	Phone:	Email:
	Has he or she been given permission to provide information to us?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6(c)	Contact information for Financial Advisor(s)		
	Name:	Phone:	Email:
	Has he or she been given permission to provide information to us?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Contact information for Broker(s)		
	Name:	Phone:	Email:
	Has he or she been given permission to provide information to us?		<input type="checkbox"/> Yes <input type="checkbox"/> No



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