

# Installment Agreement

Issued under the authority of P.A. 122 of 1941, as amended.  
You must file this form if you wish to establish an installment agreement.

2. Name			1. Treasury Account Number	
3. Address			5. Type of Entity <input type="checkbox"/> Individual <span style="float:right;"><input type="checkbox"/> Sole Proprietor</span> <input type="checkbox"/> Corporation <span style="float:right;"><input type="checkbox"/> Partnership</span> <input type="checkbox"/> Other, specify: _____	
4. City	State	ZIP Code	6. Home Telephone Number	7. Business Telephone Number

I (We) request an installment agreement to liquidate my (our) debt to the Michigan Department of Treasury and agree to pay the assessment(s) listed below in the following manner (attach additional sheets if necessary):

Assessment Number	Assessment Number	Assessment Number	Assessment Number	Assessment Number
8.				
			TOTAL AMOUNT OUTSTANDING	➔

**9. Driver Responsibility Fee Only:**  
 Check this box if you would like to include your Michigan Department of State Reinstatement Fee in your installment agreement.....

If Business, enter information about all owners, partners, officers, major shareholders, etc.

Name and Title	Effective Date	Home Address	Phone Number	Social Security Number	% of Ownership

10. Proposed monthly payments \$ \_\_\_\_\_ due on or before the \_\_\_\_\_ of each month.  
Whole Dollar Amount Only Due Date

11. Signature Required (and Title if Corporate Officer or Partner)	Social Security Number	Date
12. Spouse Signature (and Title if Corporate Officer or Partner)	Social Security Number	Date

Your request for an installment agreement to liquidate your debt to the Michigan Department of Treasury will be reviewed. If it is not approved, you will be notified. Make checks and money orders payable to the State of Michigan - OC and include your account number (Social Security No., FEIN, or Michigan Account No.) to ensure proper handling.

13. Bank Name and Address (required)	14. Employer Name and Address (required)
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**Please read carefully. You should understand that this installment agreement is granted under the following conditions.**

**If a tax debt:**

- Liens will be filed against your real and personal property to protect the interest of the State (this is a public record).
- Penalty will be charged as provided by statute.
- Interest will be charged each month on the unpaid balance as provided by statute.

**All other debts:**

- All delinquent tax returns must be filed before an installment agreement can be issued.
- All tax returns and estimated payments that become due during the term of this agreement must be filed and paid on time.
- Permission to make installment payments may be withdrawn and the entire tax liability may be collected by levy on income or by seizure of property without further notice if the conditions of this agreement are not met, or if it is determined that collection of these taxes is endangered.
- Application of payments under this agreement are at the discretion of the Michigan Department of Treasury.
- If debt is a student loan, interest at the rate specified in the agreement will continue to accrue. Payment of the principal does not clear your liability until the related interest is computed and paid.
- Any refund, vendor payment or other credit due to you from the State of Michigan may be applied as an additional payment on this debt. For Department of Education debts, your federal income tax refund may be applied.
- This agreement is based on your current financial circumstances and is subject to periodic reviews, revision and cancellation if subsequent financial statements required by the Michigan Department of Treasury reflect a change in your ability to pay.

# State of Michigan Department of Treasury

<b>PLEASE REMIT TO</b>	State of Michigan - OC PO Box 30199 Lansing, MI 48909-7699
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1. Date	2. Account Number

Fill in all requested information.  
Be sure the listed items are entered.

3. Name		
4. Address		
5. City	State	ZIP Code



6. Amount of Your Payment
\$

**PLEASE RETURN THIS WITH FORM 990, INSTALLMENT AGREEMENT.**

Make your check payable to "State of Michigan - OC" and remit to above address.

# Instructions for Completing Form 990, Installment Agreement

**Carefully read and complete the highlighted portions of the Installment Agreement form.**

**Line 1:** Enter your Treasury Account Number. The account number can be found in the upper right hand corner of your notice.

**Line 2:** Enter your complete name, include first, last and middle initial.

**Lines 3 & 4:** Enter your complete street address.

**Line 5:** Check the type of entity. For Driver Responsibility Fee's the appropriate box to mark is "Individual."

**Line 6:** Enter your home telephone number including area code.

**Line 7:** Enter your work telephone number, or a number where you can be reached Monday through Friday between the hours of 8 a.m. and 5 p.m.

**Line 8:** Enter your assessment number(s). This number is located in the upper right hand corner of your notice. Enter the total amount outstanding.

**Line 9: For Driver Responsibility Fee's Only:** If your driver's license is currently suspended in connection with this Fee and you would like the Michigan Department of State to review your driving record for reinstatement of your driver's license, please check this box. Upon approval, the \$125.00 reinstatement fee will be included in this installment agreement.

**Line 10:** Enter the proposed monthly payment. Use whole dollar amounts, do not enter cents. Round up to the next dollar amount. Enter the due date you would like to have your payment in our office by. For Driver Responsibility Fee's, your payment arrangement may not exceed twenty-four months. Payments should be mailed 10-14 days prior to the due date to ensure timely receipt and proper credit to your account.

**Line 11:** Sign document, enter your social security number and today's date. A signature is required to process your request for an installment agreement. If the debt is joint, your spouse must sign on line 12.

**Line 12:** Spouse signature, social security number and today's date. This field is required only if the debt is joint.

**Line 13:** Enter the name and address of your bank/ financial institution.

**Line 14:** Enter your employer's name and address.

## Important Information

Mail your first payment, in the amount proposed on line 10 with your application to the address on the front of your notice. Include the payment coupon from the bottom of your assessment notice or complete the payment coupon found with the Installment Agreement form. If you elect to pay via Electronic Funds Transfer mail completed form with your application.

## Approved Agreements

Payment coupons will be mailed for future payments. If you have not received your payment coupons prior to the next due date please write your assessment number in the "memo" portion of your check, make your check payable to the State of Michigan - CD, and mail your payment to the Michigan Department of Treasury, P.O. Box 30199, Lansing, MI 48909.

## Extra Payments

You may make extra payments on your balance. However, we must receive a payment in our office each calendar month by the due date agreed upon. Be sure to include a payment coupon or a copy of your payment coupon with your payment. Checks and money orders must have your assessment number/account number printed in the "memo" portion to ensure proper credit on your account.

## Rejected Installment Agreement Applications

If you are not approved for an installment arrangement you will receive a notice. Upon receipt of this notice you must pay your balance in full.