

Individual – Doubt as to Collectability

This package includes the forms required for an individual taxpayer to file an Offer in Compromise based on Doubt as to Collectability.

A taxpayer **will need to provide supporting documents** as directed in the instructions.

The forms included in this package are:

- *Offer in Compromise Checklist (DOUBT AS TO COLLECTABILITY)* (Form 5499)
- *Michigan Offer in Compromise* (Form 5181)
- *OIC Schedule 2A (Individuals) – Collection Information Statement for an Offer in Compromise Based on Doubt as to Collectability* (Form 5183)

Offer in Compromise Checklist (DOUBT AS TO COLLECTABILITY - INDIVIDUAL)

Failure to include ALL requested documents may result in your offer being rejected or the processing of your offer delayed. For each reason an offer in compromise is being submitted, please attach the following documents to your submission.

I do not believe I can pay the tax.

- Individual** – Provide the requested information for anyone who contributes to the household resources, e.g., non-lie spouse and adult children.
 - Completed *Offer in Compromise* (Form 5181).
 - Initial offer payment of \$100 or 20% of the offer, **whichever is greater**.
 - Completed *OIC Schedule 2A (Individuals) Collection Information Statement for an Offer in Compromise Based on Doubt as to Collectability* (Form 5183).
 - Copies of three (3) months of the most recent earnings statement, etc., from each employer.
 - Copies of bank statements for all checking and savings accounts, personal and/or business (if self-employed) for the most current three (3) months, as well as any other financial institution statements for which you have check writing authority. (e.g., money market account).
 - A list of all stocks, bonds, and/or other securities owned, along with the current value of each.
 - A statement from the insurance company for each life insurance policy showing the current cash loan value, accumulated dividends and interest, dates and the amounts of policy loans.
 - A list of real estate owned wholly or in part – with appraisals, if available – and a payoff statement on each mortgage.
 - A statement from lending institutions and other creditors that clearly indicate current balances owed and payment schedule on all notes payable and/or revolving accounts.
 - A complete inventory of asset-bearing items contained in all safe deposit boxes, including fair market value of each item, copies of documents, etc.
 - Copies of any judgments or legal decrees, including bankruptcy, for the past six (6) years.
 - Self-employed or individuals with interest in a business*
 - A list of all business assets (e.g., equipment, furniture, etc.) including the fair market value for each.
 - A list of all accounts receivable showing the payer, amount due, age and status of each account.
 - A list of all businesses in which you have an interest, including the ownership percentage in each.
 - Other attachments as listed on the forms (e.g., utility bills, copies of court orders, etc.).
 - Authorized Representative Declaration* (Form 151), if applicable.

Mail all forms, schedules, supporting documentation, and initial offer payment of \$100 or 20% of the offer, **whichever is greater**, to:

Michigan Department of Treasury
Offer in Compromise
PO Box 30190
Lansing, MI 48909

You may also submit your initial offer payment online at www.michigan.gov/collectionsservice.

Failure to include ALL requested documents may result in your offer being rejected or the processing of your offer delayed.

MICHIGAN Offer in Compromise

Issued under authority of Public Act 122 of 1941 and Public Act 240 of 2014.

To submit an Offer in Compromise, the following **must be true**:

- The taxpayer must have filed required returns for all tax periods.
- The taxpayer must have been issued a final assessment by the Michigan Department of Treasury and the opportunity to contest and appeal the tax assessment must have expired.
- The taxpayer must have no open bankruptcy proceedings.

You **must** include the initial offer payment of \$100.00 or 20% of your offer, **whichever is greater**, with your Offer in Compromise or pay online at www.michigan.gov/collectionseservice.

PART 1: TAXPAYER INFORMATION				
INDIVIDUAL TAXPAYER				
Filer's First Name	M.I.	Last Name	Social Security Number	
If a Joint Offer, Spouse's First Name	M.I.	Last Name	Spouse's SSN	
Filer's Telephone Number		Spouse's Telephone Number		
Address	City		State	ZIP
Mailing Address (If Different from Above)	City		State	ZIP
BUSINESS TAXPAYER				
Business Name (if business assessments are included in the offer)				
FEIN, ME or TR Number		Telephone Number		
Address	City		State	ZIP
Mailing Address (If Different from Above)	City		State	ZIP
PART 2: REASON FOR OFFER				
<input type="checkbox"/> I have received an accepted federal offer in compromise. Complete and attach the <i>OIC Schedule 1 — Information Supporting a Request for a Michigan Offer in Compromise Based on Receipt of a Federal Offer in Compromise</i> (Form 5182), and include all documents requested in the instructions.				
<input type="checkbox"/> I am unable to pay the tax. (See instructions for more information on doubt as to collectability.) Complete and attach the <i>OIC Schedule 2A (Individuals) — Collection Information Statement for an Offer in Compromise Based on Doubt as to Collectability</i> (Form 5183) or <i>OIC Schedule 2B (Businesses) — Collection Information Statement for an Offer in Compromise Based on Doubt as to Collectability</i> (Form 5184) as applicable, and include all documents requested in the instructions.				
<input type="checkbox"/> I do not believe I owe the tax. (See instructions for more information on doubt as to liability.) Complete and attach the <i>OIC Schedule 3 — Offer in Compromise Based on Doubt as to Liability</i> (Form 5185), and include all documents requested in the instructions.				

Date Offer in Compromise Payment Received	Amount of Initial Offer in Compromise Payment
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Social Security Number, FEIN, ME or TR Number

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PART 3: OFFER AND PAYMENT TERMS

Fill in the total offer amount, the initial offer payment amount included with this Offer in Compromise request, and the remaining balance below. Then select the proposed method of payment of the remaining offer balance if the Offer in Compromise is accepted.

You **MUST** include an initial offer payment of 20% of the total offer amount or \$100, **whichever is greater**. This is a nonrefundable payment that will be applied to the outstanding balance of the tax debt owed. All payments must be in U.S. dollars. Do not send cash. Do not combine with any other tax payments, as this may delay processing of your offer. (See instructions for a mailing address and other payment details.)

Calculating Initial Offer Payment and Remaining Offer Balance

1. Total Offer in Compromise amount.....	1.	\$	This is the total offer to compromise.
2. Initial Offer Payment. Enter 20% of the Total Offer in Compromise amount from Line 1 or \$100, whichever is greater	2.	\$	This nonrefundable initial offer must be included with the Offer in Compromise. (See "Initial Offer Payment Method" below.)
3. Remaining Offer Balance. Subtract line 2 from line 1.....	3.	\$	If the Offer in Compromise is accepted, the remaining offer balance must be paid in a lump sum or via installment.

Initial Offer Payment Method

- Check if the initial offer payment from line 2 is included with this Offer in Compromise.
- Check if the initial offer payment from line 2 was made online at www.michigan.gov/collectionservice, and enter payment amount, the 14-digit confirmation number from the payment receipt, and payment date below.

Payment Amount	Confirmation Number	Date

Remaining Offer Balance Payment

- Lump sum** — Check if payment of the remaining balance will be made within 30 days of the date the Offer in Compromise is accepted.
NOTE: Failure to make the lump sum payment within 30 days of the date of acceptance of the offer may result in the Offer in Compromise being revoked and the entire compromised tax debt reinstated.
- Installment plan of 5 (or fewer) months** — Check if payment of the remaining offer balance will be made over 5 or fewer months from the date the Offer in Compromise is accepted. The payments may be in unequal amounts, but the total must be equal to the remaining offer balance calculated in line 3 above. Complete the table below detailing the amount of each payment.

Installment Details for Payment of 5 (or Fewer) Months

Amount of payment 1	\$	payable within 30 days after acceptance
Amount of payment 2	\$	payable within 60 days after acceptance
Amount of payment 3	\$	payable within 90 days after acceptance
Amount of payment 4	\$	payable within 120 days after acceptance
Amount of payment 5	\$	payable within 150 days after acceptance

Failure to make the monthly payments agreed to may result in the Offer in Compromise being revoked and the entire tax debt reinstated.

- Installment plan of 6 months or more** — Check if payment of the remaining balance will be made over a period of 6 months or more after the date the Offer in Compromise is accepted. You should pay the remaining balance in as short a time as reasonably possible, and generally not more than 24 months past the date the Offer in Compromise is accepted. Treasury may permit a payment period of greater than 24 months if circumstances support a longer period of time. The payments must be in equal amounts. Complete the table below detailing the amount of each payment, the date of each month that payment will be due, and the number of months needed to complete all payments.

Installment Details for Payment of 6 Months (or More)

Amount to be paid each month	Date of each month the payment will be due	Total number of months

Failure to make the monthly payments agreed to may result in the Offer in Compromise being revoked and the entire tax debt reinstated.

PART 4: SOURCE OF FUNDS

Indicate where you will obtain the funds to pay your offer. Be specific as to the source and the amount. For example, if borrowing from family or friends, obtaining a loan from a bank or lender, or withdrawing from or liquidating a 401(K) or IRA account, provide detailed information regarding the source and the amount.

PART 5: OFFER TERMS AND CONDITIONS

NOTE: In the following agreement, the pronoun “we” may be assumed in place of “I” when there are joint liabilities and both parties are signing this Offer in Compromise.

By submitting this offer, I have read, understand and agree to the following terms and conditions:

- a) I voluntarily submit all payments made on this offer.
- b) Treasury will apply the amount paid with this offer to the outstanding balance of the tax debt owed. Treasury will not return or refund the amount paid with this offer whether the offer is accepted or rejected, or if I withdraw the offer. The date Treasury receives the offer remittance will be considered the date of payment.
- c) Treasury will keep all payments and credits made, received, or applied to the total original tax debt before the Offer in Compromise is received by Treasury. None of the payments or credits received by Treasury prior to the submission of the offer may be included as part of the offer amount.

If I currently have an approved installment agreement with Treasury and am making installment payments, I may stop making those installment payments when I have been notified that my offer has been received and is pending review. If my offer is rejected my installment agreement with Treasury will be reinstated with no additional fee, and I must resume the installment payments under the terms and schedule of the installment agreement.

- d) I remain responsible for the full amount of the tax debt, unless and until Treasury accepts the offer in compromise in writing and I have met all of the terms and conditions of the offer in compromise.
- e) Any compromise with Treasury is subject to continuing review by Treasury. Treasury may revoke any compromise made and may reestablish the full compromised tax debt, plus any accrued interest and penalty, without regard to any statute of limitations that otherwise may apply if any one of the following occurs:
 - Treasury determines that I concealed from Treasury any property, assets or income to induce a compromise.
 - Treasury determines that I, with the intent to mislead, withheld, destroyed, mutilated, or falsified any book, document, or record or made a false statement relating to my or another person’s estate or financial condition to induce a compromise.
 - I fail to comply with any of the terms and conditions relative to the Offer in Compromise or fail to file subsequent required returns and pay subsequent final tax liabilities within 20 days after Treasury issues a notice and demand to file or pay the tax.

If Treasury revokes an Offer in Compromise, the amount of the compromised tax debt will become due and payable, and Treasury may immediately undertake all actions authorized by law to collect the remaining balance of the tax debt.

- f) Treasury will not levy against property to collect the tax debt sought to be compromised while the offer in compromise is pending review unless Treasury determines that the offer is intended to delay collection of the tax debt or Treasury has issued a jeopardy assessment under MCL 205.26.

Social Security Number,
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PART 5: OFFER TERMS AND CONDITIONS — CONTINUED

- g) I may not request an informal conference with Treasury or contest in any tribunal or court Treasury’s rejection of my offer in compromise or the amount of any accepted offer in compromise.
- h) Interest on any unpaid tax debt shall continue to accrue until paid. Interest shall be calculated at the annual rate of interest applicable to unpaid Michigan tax deficiencies, as set forth in section 23 of the Revenue Act, MCL 205.23, and in Revenue Administrative Bulletin 2013-5, and subsequent Revenue Administrative Bulletins that revise annual interest rates.
- i) Except for the availability of Treasury’s independent administrative review, a rejection by Treasury of an offer in compromise is final and not subject to further challenge or appeal to any tribunal or court.
- j) Any compromise entered into with Treasury shall be placed on file with Treasury, and a written report outlining the basis for the compromise and, at a minimum, all of the following information, will be published on Treasury’s Web site:
 - o The amount of tax assessed;
 - o The amount of interest or assessable penalty imposed by law;
 - o The terms of the compromise and the amount actually paid in accordance with the terms of the compromise; and
 - o The grounds for the compromise.

Treasury by statute may be required to disclose my return information to members of the general public to the extent necessary to permit inspection of the accepted offer in compromise relating to the liability for the tax imposed.

PART 6: TAXPAYER CERTIFICATION

Under penalty of perjury, I declare that I have examined this offer, including accompanying forms, schedules and statements, and certify to the best of my knowledge and belief, it is true, correct and complete.

Taxpayer’s Signature		Date
Signature of Taxpayer’s Spouse		Date
Business Taxpayer: Authorized Signature		Date
Authorized Signer’s Name (Print or Type)	Title/Position	Telephone Number

PART 7: THIRD PARTY DESIGNATED REPRESENTATIVE

By checking this box, I authorize the Michigan Department of Treasury to discuss with and to provide a copy of any papers or correspondence relating to this Offer in Compromise to a third party designated representative identified below.

NOTE: The taxpayer is required to complete and file the *Authorized Representative Declaration (Power of Attorney)* (Form 151).

Designee’s Name	Telephone Number
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OIC Schedule 2A (Individuals) — Collection Information Statement for an Offer in Compromise Based on Doubt as to Collectability

Issued under authority of Public Act 122 of 1941 and Public Act 240 of 2014.

A taxpayer requesting a Michigan Offer in Compromise based on Doubt as to Collectability must submit the following items before their submission can be reviewed and be considered complete:

You must include all applicable attachments listed below.

- Copies of three months of the most recent earnings statement, etc., from each employer.
- Copies of the most recent statement for each investment and retirement account.
- Copies of the most recent statements from all other sources of income such as pensions, Social Security, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, LLP, etc.), court order for child support, alimony, and rent subsidies.
- Copies of bank statements for the three most recent months.
- Copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing **monthly payments, loan payoffs, and balances.**
- If you would like to designate a third party representative, attach an *Authorized Representative Declaration (Power of Attorney)*, (Form 151).

If you have an interest in a business, you must include all applicable attachments listed below.

- A current profit or loss income statement covering at least the most recent 12 month period.
- Current balance sheet including cash and notes receivable.
- Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.
- Copies of bank statements for the three most recent months.

PART 1: PERSONAL AND HOUSEHOLD INFORMATION					
Filer's First Name		M.I.	Last Name		Social Security Number
Home Address			City	State	ZIP
Mailing Address (if different from above or Post Office Box number)			City	State	ZIP
Place of Residence (Check the one that applies): <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other (Shared rent, living w/ relative, etc. Include letter of explanation)				Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married	
Primary Telephone Number		Secondary Telephone Number		Fax Number	
INFORMATION ABOUT YOUR SPOUSE					
Spouse's First Name		M.I.	Last Name		Social Security Number
					Date of Birth (mm/dd/yyyy)
INFORMATION FOR ALL OTHER PERSONS IN THE HOUSEHOLD OR CLAIMED AS A DEPENDENT					
Name	Age	Relationship	Claimed as a dependent on your MI-1040?		*Contributes to household resources?
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Household resources include all income (taxable and nontaxable) received by all adult household members during the year, including income that might be exempt from federal adjusted gross income.					

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PART 2: TAXPAYER AND SPOUSE EMPLOYMENT INFORMATION

If you or your spouse have self-employment income instead of, or in addition to, wage income, you must complete Business Information in Parts 6, 7 and 8.

Your Employer's Name		Do you have an ownership interest in this business?	
Occupation	Length of employment with employer (years)	(months)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Address	City	State	ZIP

Spouse's Employer's Name		Does spouse have ownership interest in this business?	
Spouse's Occupation	Length of employment with employer (years)	(months)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Employer's Address	City	State	ZIP

PART 3: INDIVIDUAL ASSESSMENTS AFFECTED BY DOUBT AS TO COLLECTABILITY

List all outstanding tax debts to be considered in the Offer in Compromise as they apply to doubt as to collectability. Use additional copies of this page if needed and submit with the Offer in Compromise.

Use assessment numbers and related information from the most recent Final Assessment (Bill for Taxes Due) notice or the most recent Final Demand notice received from the Michigan Department of Treasury, Office of Collections. Your assessment numbers can be located by looking at the "ASSESSMENT NUMBER" column of any correspondence received in reference to your collections account. Valid assessment numbers are 7 characters in length and begin with a letter.

ASSESSMENT NUMBER	TAX TYPE	TAX YEAR/PERIOD	BALANCE DUE

Total Balance Due. Enter here the total of all lines in the Balance Due column above. If multiple pages are included, this line on each copy of the page will reflect the total for all pages.	
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Complete and attach additional copies of this page if needed.

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PART 4: PERSONAL ASSET INFORMATION (INCLUDING SPOUSE)

Attach the most current statement for each type of account, such as checking, savings, money market and online accounts, stored value cards (such as a payroll card from an employer), investment and retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit), life insurance policies that have a cash value, and safe deposit boxes. Asset value is subject to adjustment by Treasury based on individual circumstances. Enter the total amount available for each of the following (if additional space is needed include attachments).

* **Loan Balance:** For certain items in Part 4, "Loan Balance" refers to an amount owed to pay back a loan. Any monthly loan payment should be reflected on line 5i of Part 5: Monthly Household Resources and Expense Information.

CASH AND INVESTMENTS (DOMESTIC AND FOREIGN)

Type of account					
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market/CD	<input type="checkbox"/> Online Account	<input type="checkbox"/> Stored Value Card	<input type="checkbox"/> Cash

Financial Institution Name	Account Number	Value
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Type of account					
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market/CD	<input type="checkbox"/> Online Account	<input type="checkbox"/> Stored Value Card	<input type="checkbox"/> Cash

Financial Institution Name	Account Number	Value
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If attaching a separate sheet listing additional bank accounts, record the total of those accounts here.

INVESTMENT ACCOUNTS

Type of account			*Loan Balance
<input type="checkbox"/> Stocks	<input type="checkbox"/> Bonds	<input type="checkbox"/> Other _____	

Financial Institution Name	Account Number	Current Market Value
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Type of account			*Loan Balance
<input type="checkbox"/> Stocks	<input type="checkbox"/> Bonds	<input type="checkbox"/> Other _____	

Financial Institution Name	Account Number	Current Market Value
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If attaching a separate sheet listing additional investment accounts, record the total of the current market value of those accounts here.

RETIREMENT ACCOUNTS

Type of account			*Loan Balance
<input type="checkbox"/> 401K	<input type="checkbox"/> IRA	<input type="checkbox"/> Other _____	

Financial Institution Name	Account Number	Current Market Value
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Type of account			*Loan Balance
<input type="checkbox"/> 401K	<input type="checkbox"/> IRA	<input type="checkbox"/> Other _____	

Financial Institution Name	Account Number	Current Market Value
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If attaching a separate sheet listing additional retirement accounts, record the total of the current market value of those accounts here.

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PART 4: PERSONAL ASSET INFORMATION (INCLUDING SPOUSE) (CONTINUED)**CASH VALUE OF LIFE INSURANCE POLICIES**

Insurance Company Name	Policy Number	Current Cash Value	*Loan Balance
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If attaching a separate sheet listing additional life insurance policies, record the total of the current cash value of those accounts here.

REAL ESTATE

Enter information about any house, condo, co-op, time share, other real property (whether occupied or vacant), etc. that you own or are buying.

Property Address		City		State	ZIP
County	Country	Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Purchased	Date of Final Payment	
How is title held? (Joint tenancy, etc.)	Description of Property	Current Market Value		*Loan Balance (Mortgages, etc.)	

Property Address		City		State	ZIP
County	Country	Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Purchased	Date of Final Payment	
How is title held? (Joint tenancy, etc.)	Description of Property	Current Market Value		*Loan Balance (Mortgages, etc.)	

If attaching a separate sheet listing additional real estate, record the combined current market value of that real estate here.

MOTOR VEHICLES — Complete if owning or leasing a vehicle

Year	Make	License Number	Vehicle ID Number	Value	Balance Owed
Year	Make	License Number	Vehicle ID Number	Value	Balance Owed

If attaching a separate sheet listing additional motor vehicles, record the combined value of those motor vehicles here.

OTHER VALUABLE ITEMS

Enter information about other valuable items (boats, motorcycles, artwork, collections, jewelry, items of value in safe deposit boxes, interest in a company or business that is not publicly traded, etc.).

Description of Asset	Current Market Value	*Loan Balance
Description of Asset	Current Market Value	*Loan Balance
Description of Asset	Current Market Value	*Loan Balance
Description of Asset	Current Market Value	*Loan Balance
Description of Asset	Current Market Value	*Loan Balance
Description of Asset	Current Market Value	*Loan Balance
Description of Asset	Current Market Value	*Loan Balance

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PART 5: MONTHLY HOUSEHOLD RESOURCES AND EXPENSE INFORMATION

The information below is for yourself, your spouse, and anyone else who contributes to household resources, including adult children. This information is necessary for Treasury to accurately evaluate your offer.

Total household resources include **all** income (taxable and nontaxable) received by **all** adult household members during the year, including income that might be exempt from federal adjusted gross income. Net losses from business activity may not be used to reduce total household resources.

If you or your spouse are self-employed, you **must** also complete Parts 6, 7 and 8. Amount calculations in those parts will be carried to line 15a and 15b below.

Self-employed taxpayers will complete lines 15a and 15b with information from a current profit or loss statement (attach to this form).

Monthly Household Resources

1. Primary Taxpayer's Wages.....			1.	
2. Primary Taxpayer's Social Security (including Disability and Social Security income).....			2.	
3. Primary Taxpayer's Pension(s)/other retirement distribution.....			3.	
4. Primary Taxpayer's Miscellaneous Income (sources not mentioned below are reported on line 14)				
4a. Unemployment.....	4a.			
4b. Government assistance (cash/food).....	4b.			
4c. Vendor income.....	4c.			
4d. Total primary taxpayer's miscellaneous income.....			4d.	
5. Spouse's/Other's Wages.....			5.	
6. Spouse's/Other's Social Security.....			6.	
7. Spouse's/Other's Pension(s)/other retirement distribution.....			7.	
8. Spouse's/Other's miscellaneous income				
8a. Unemployment.....	8a.			
8b. Government assistance (cash/food).....	8b.			
8c. Vendor income.....	8c.			
8d. Total spouse's/other's miscellaneous income.....			8d.	
9. Combined Interest and Dividends.....			9.	
10. Combined Distributions (income from partnerships, sub-S corporations, etc.).....			10.	
11. Combined Net Rental Income.....			11.	
12. Combined Child Support Received.....			12.	
13. Combined Alimony Received.....			13.	
14. Additional sources of income used to support the household, e.g. non-liable spouse, or anyone else who may contribute to the household resources. Provide the total amount of that income here, and attach an explanation of those sources.....			14.	
15. Business income for self-employed taxpayers and/or their spouses (all others skip to line 16):				
15a. Gross profit.....	15a.			
15b. Total expenses.....	15b.			
15c. Net income. Subtract line 15b from line 15a.....			15c.	
16. Total Monthly Household Income. Add lines 1 through 14. For taxpayers spouses that are self-employed, add lines 1 through 14 and line 15c.....			16.	

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PART 5: MONTHLY HOUSEHOLD RESOURCES AND EXPENSE INFORMATION (CONTINUED)

Total allowable monthly expenses are calculated using the collection financial standards for the Michigan Department of Treasury as well as those provided by the Internal Revenue Service for: housing and utilities; food, clothing and other items; transportation costs; medical costs; actual installment payments (e.g. child support, alimony, garnishments, etc.); and education and childcare expense.

Monthly Household Expenses

1. Housing and Utilities		
1a. Mortgage (If paying more than one mortgage, provide proof for all mortgages. Enter the total of all payments here.).....	1a.	
1b. Rent	1b.	
1c. Property taxes (if not included in mortgage as listed on line 1a)..	1c.	
1d. Homeowner's/renter's insurance (if not included in mortgage as listed on line 1a).....	1d.	
1e. Utilities (if claiming more than \$300, attach current billing statements).....	1e.	
1f. Telephone/cell phone/cable TV/internet	1f.	
1g. Association dues	1g.	
1h. Total housing and utilities. Add lines 1a through 1g.....	1h.	
2. Transportation — Complete lines 2a and 2b if owning or leasing a vehicle; otherwise, complete line 2c.		
2a. Ownership (provide a copy of the lease/loan agreement).....	2a.	
2b. Operating costs (including maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls).....	2b.	
2c. Public transportation.....	2c.	
2d. Total transportation. Add lines 2a through 2c	2d.	
3. Insurance/Medical Costs		
3a. Health Insurance	3a.	
3b. Life Insurance	3b.	
3c. Medical (if younger than age 65, the maximum monthly allowable is \$60; for 65 and older, the maximum is \$144).....	3c.	
3d. Total insurance/medical costs. Add lines 3a through 3c.....	3d.	
4. Food and Clothing		
4a. Groceries	4a.	
4b. School Lunches	4b.	
4c. Personal (apparel, services, personal care products)	4c.	
4d. Total food and clothing. Add lines 4a through 4c.....	4d.	
5. Installment Payments — Provide current billing statements as proof for all items in lines 5a-5i. (Some items may be listed on a pay stub.)		
5a. Child Support.....	5a.	
5b. Alimony.....	5b.	
5c. Garnishment.....	5c.	
5d. Other delinquent taxes	5d.	
5e. 401(k) loan repayment.....	5e.	
5f. Credit cards	5f.	
5g. Union dues/employment cost	5g.	
5h. Student loans.....	5h.	
5i. Loan Balance (see Part 4 instructions).....	5i.	
5j. Total installment payments. Add lines 5a through 5i.....	5j.	
6. Childcare and Education — Provide current billing statements as proof for all items in lines 6a and 6b.		
6a. Childcare	6a.	
6b. Tuition/education	6b.	
6c. Total education and childcare. Add lines 6a through 6b	6c.	
7. Total monthly household expenses. Add lines 1h, 2d, 3d, 4d, 5j and 6c	7.	

If you or your spouse are self-employed, you must complete Business Information in Parts 6, 7 and 8.

All others must skip Parts 6, 7 and 8, and continue to Part 9 and sign the document.

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**Self-employed taxpayers must complete Parts 6, 7 and 8.
All other taxpayers will skip Parts 6, 7 and 8, and continue to Part 9.**

PART 6: SELF-EMPLOYED INFORMATION

Business Name/DBA		FEIN, ME or TR Number	
Business Address		City	State ZIP
Mailing Address (if different from above or Post Office Box number)		City	State ZIP
County of Business Location	Primary Contact Number	Secondary Contact Number	Fax Number
Description of Business			
Does the business engage in e-commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Web Site	
Is the business located at your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this business a state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the business use a payroll service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has business been located outside the U.S. for at least 6 months in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the business have any funds being held in trust by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this business currently under bankruptcy court jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Case number, if under bankruptcy court jurisdiction		

PART 7: ADDITIONAL INFORMATION REGARDING FINANCIAL CONDITION

Provide information on court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value and changes in market conditions, etc., that impact the financial condition of the business. Include information regarding company participation in trusts, estates and profit sharing plans, etc. Attach any copies of a DBA or Corporation filings as well as the most current Michigan Annual Report (MAR). Include your business name and FEIN on all additional documents attached to this form.

Social Security Number

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PART 8: ASSET AND LIABILITY ANALYSIS

Attach the most current statement for each type of account, such as checking, savings, money market, online accounts, investment accounts, and life insurance policies that have a cash value. Also, include statements of mortgages (including second mortgages), monthly payments, loan balances, and accountant's depreciation schedules, make/model/year of vehicles and current value of business assets. Asset value is subject to adjustment by Treasury based on individual circumstances. Enter the total amount available for each of the following.

* **Loan Balance:** For certain items in Part 8, "Loan Balance" refers to an amount owed to pay back a loan.

BUSINESS CASH/BANK ACCOUNTS

Type of account					
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market/CD	<input type="checkbox"/> Online Account	<input type="checkbox"/> Stored Value Card	<input type="checkbox"/> Cash on Hand

Financial Institution Name	Account Number	Account Balance/Value
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Type of account					
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market/CD	<input type="checkbox"/> Online Account	<input type="checkbox"/> Stored Value Card	<input type="checkbox"/> Cash on Hand

Financial Institution Name	Account Number	Account Balance/Value
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If attaching a separate sheet listing additional bank accounts, record the total of those accounts here.

INVESTMENT ACCOUNTS

Type of account			*Loan Balance
<input type="checkbox"/> Stocks	<input type="checkbox"/> Bonds	<input type="checkbox"/> Other _____	

Financial Institution Name	Account Number	Current Market Value
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Type of account			*Loan Balance
<input type="checkbox"/> Stocks	<input type="checkbox"/> Bonds	<input type="checkbox"/> Other _____	

Financial Institution Name	Account Number	Current Market Value
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If attaching a separate sheet listing additional investment accounts, record the total of the current market value of those accounts here.

Do you have notes receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach current listing which includes name, age & amount of note(s) receivable.	Do you have accounts receivable, including e-payment, factoring companies, and any bartering or online auction accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of names, age and amount of the account(s) receivable.
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BANK CREDIT AVAILABLE (LINES OF CREDIT, ETC.)

Name of Institution	Credit Limit	Amount Owed	Credit Available
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Address	City	State	ZIP	Monthly Payments
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Name of Institution	Credit Limit	Amount Owed	Credit Available
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Address	City	State	ZIP	Monthly Payments
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Check here if listing additional bank credit on an attached document. The lines below must reflect combined totals of ALL bank credits.

Total Credit Limit	Total Amount Owed	Total Credit Available	Total Monthly Payments
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Social Security Number

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PART 8: ASSET AND LIABILITY ANALYSIS (CONTINUED)**CASH VALUE OF LIFE INSURANCE POLICIES**

Name of Insured		Title of Insured		Insurance	
Policy Number	Type	Face Amount		Available Loan Value	
Name of Insured		Title of Insured		Insurance	
Policy Number	Type	Face Amount		Available Loan Value	

If attaching a separate sheet listing additional life insurance policies, record the combined balance of those policies here.

REAL ESTATE

Property Address		City		State	ZIP
County	Country	Date Purchased		Date of Final Payment	
Description of Property	Ownership (mortgage, land contract)	Current Market Value		*Loan Balance	
Property Address		City		State	ZIP
County	Country	Date Purchased		Date of Final Payment	
Description of Property	Ownership (mortgage, land contract)	Current Market Value		*Loan Balance	

If attaching a separate sheet listing additional real estate, record the combined current market value of that real estate here.

LOANS FROM THE BUSINESS TO PROPRIETOR, PARTNERS, OFFICERS, SHAREHOLDERS OR OTHERS

Name of Loan Recipient		Relationship	
Payoff Date	Status	Amount Due	
Name of Loan Recipient		Relationship	
Payoff Date	Status	Amount Due	
Name of Loan Recipient		Relationship	
Payoff Date	Status	Amount Due	

If attaching a separate sheet listing additional loans from the business, record the combined amount due on those loans.

Continue on Page 10

Social Security Number

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PART 8: ASSET AND LIABILITY ANALYSIS (CONTINUED)**BUSINESS VEHICLES — Complete if owning or leasing a vehicle**

Year	Make	License Number	Vehicle ID Number	Value	Balance Owed
Year	Make	License Number	Vehicle ID Number	Value	Balance Owed

If attaching a separate sheet listing additional motor vehicles, record the combined value of those motor vehicles here.

OTHER BUSINESS ASSETS

Enter information about other business assets, including machinery, equipment, liquor license, merchandise inventory and other assets. Be specific. If more space than provided below is needed, attach a separate sheet listing additional assets. Include your business name and FEIN on all attachments.

Asset	Current Market Value	*Loan Balance
Asset	Current Market Value	*Loan Balance
Asset	Current Market Value	*Loan Balance
Asset	Current Market Value	*Loan Balance
Asset	Current Market Value	*Loan Balance
Asset	Current Market Value	*Loan Balance

PART 9: CERTIFICATION

Under penalty of perjury, I declare that I have examined this information, including accompanying documents, and to the best of my knowledge it is true, correct, and complete.

Authorized Signature			Date
Authorized Signer's Name (Print or Type)	Title/Position	Telephone Number	
Authorized Signature			Date
Authorized Signer's Name (Print or Type)	Title/Position	Telephone Number	

Instructions for Form 5181

Michigan Offer in Compromise

An Offer in Compromise

An offer in compromise (offer) is an agreement between you (the taxpayer) and the Michigan Department of Treasury (Treasury) that settles a tax debt for less than the full amount owed.

Eligibility

Before submitting an offer, you must:

- have filed all tax returns that it is legally required to file;
- have been assessed for the tax liabilities included in the submitted offer in compromise;
- no longer have the opportunity to contest the assessed tax liability in informal conference; and appeals of the assessed tax liability to the Michigan Tax Tribunal or a court must have expired; and
- not be in an open bankruptcy proceeding.

If any of these circumstances do not exist, you are ineligible for consideration of an offer in compromise.

How to submit an offer

You must complete and file **Form 5181, Michigan Offer in Compromise**, and the required Schedules applicable to the grounds for submitting your offer and submit all required documents and information supporting your offer.

All offers require payment of a non-refundable initial offer payment of \$100.00 or 20% of the offer amount, whichever is greater.

Grounds for submitting an offer

Offer based on doubt as to liability. If you have a legitimate doubt that you do not owe part or all of the tax liability, complete **Form 5181, Michigan Offer in Compromise**, and **Form 5185, Schedule 3 — Doubt as to Liability in an Offer in Compromise**.

Include an explanation of why you do not owe all or any part of the tax debt and provide any supporting documentation.

Offer based on receipt of a federal offer in compromise. If you have received a federal offer in compromise from the Internal Revenue Service (IRS), complete **Form 5181, Offer in Compromise**, and **Form 5182, OIC Schedule 1 — Information supporting a Michigan offer in compromise, based on an accepted federal offer in compromise**.

Proof of acceptance of a federal offer in compromise must be included with your submission.

NOTE: Only an assessed tax liability for individual income tax, under MCL 206.1 to 206.532, or for corporate income tax, under MCL 206.601 to 206.699, is eligible for compromise on this ground.

Offer based on doubt to collectability – individual or sole proprietor. If you are unable to pay the tax debt in full, complete **Form 5181, Offer in Compromise**, and **Form 5183, Schedule 2a (Individuals) – Collection Information Statement for an Offer in Compromise**, and provide all requested documents and information. This will be used to evaluate whether your offer is appropriate for compromise based on your assets, liabilities, income, expenses, and future earning potential.

Offer based on doubt to collectability – business. If your business is unable to pay the tax debt in full, complete **Form 5181, Offer in Compromise**, and **Form 5184, Schedule 2b (Business) — Collection Information Statement for an Offer in Compromise**, and provided all requested documents and information. This will be used to evaluate whether your offer is appropriate for compromise based on your business assets, liabilities, income, expenses, and future earnings potential.

NOTE: A business is defined as a corporation, partnership, limited liability company, limited liability partnership or any business entity that is operated as other than a sole-proprietorship.

NOTE: If your offer is based on more than one ground (e.g., doubt as to liability and doubt as to collectability) the applicable Schedules and required documents for both forms must be submitted with the offer.

Joint and separate tax liability. If you have joint liability with your spouse and one of you also has separate liability, you and your spouse will need to send in one Form 5181 with the required Schedules for the joint liability, and a second Form 5181, with the required Schedules, for the separate liability.

Individual and business liability. If you have both individual and business liability that you wish to compromise, you will need to send in one Form 5181, with the required Schedules, for the individual liability, and a second Form 5181, with the required Schedules, for the business liability.

Offer Evaluation

Treasury may accept or reject your offer, or determine an amount that Treasury would consider an acceptable offer in compromise if submitted.

Submitting an offer does not ensure that the Treasury will accept it.

Accepting an offer. If your offer is accepted, Treasury will notify you and any designated representative you identify by mail.

Default on an accepted offer. If you default on the terms of an accepted offer, your compromise may be revoked and you will be responsible for payment of the full amount of your assessed tax debt, including any additional interest and penalty accruals from the date of the original assessment.

Rejecting an offer. If your offer is rejected, Treasury will notify you and any designated representative you identify by mail. You may request that a rejected offer be reviewed by an independent administrative reviewer within Treasury by submitting **Form 5186, Offer in Compromise Request for Independent Administrative Review of Rejection**, within 30 days after the rejection.

Mail your request for an independent administrative review to:

Michigan Department of Treasury
Office of Legal Affairs
PO Box 30716
Lansing MI 48909

Rejected offer may not be appealed. A rejected offer in compromise and any affirmance of a rejection as a result of an independent administrative review are final and not subject to further challenge or appeal to any tribunal or court.

NOTE: The initial offer payment paid with the submission of an offer is not refundable regardless of whether the offer is accepted or rejected, and will be applied towards the tax debt.

Paying For Your Offer

You must select a payment option and include the initial offer payment of \$100 or 20% of your offer, whichever is greater, with your offer. The amount of your offer Treasury may consider appropriate will depend on the total amount of the offer and which of the following payment options you choose:

Lump Sum Payment: This option requires that the remaining balance of the offer after applying the initial offer payment is paid in full within 30 days after an offer is accepted.

Periodic Payment: This option requires that the remaining balance of the offer after applying the initial offer payment is paid within five months of the date the offer is accepted, in accordance with the accepted offer terms.

Installment Plan: This option requires that the remaining balance of the offer after applying the initial offer payment is paid within six to 24 months of the date the offer is accepted, in accordance with the accepted offer terms.

NOTE: If you are planning to use your retirement savings from an IRA or 401(k) plan, you may have future tax liabilities owed as a result.

NOTE: Lump sum payments and periodic payment plans of five months or less will not be subject to a recorded state tax lien, provided that a state lien was not already in place on the subject property.

Installment plans of six to 24 months, however, will be subject to a recorded state tax lien on any real and personal property.

NOTE: Any receipt of funds by Treasury, before your offer is submitted or any offset to which Treasury is entitled, cannot be considered as part of, or payment towards, any part of an offer, including the initial offer payment of \$100 or 20% of the offer, whichever is greater.

Other Important Facts

Penalties and interest on the tax debt will continue to accrue during the offer evaluation process.

The law requires Treasury to make certain information from accepted offers available for public inspection and review, including the following:

- the amount of tax assessed a taxpayer;
- the amount of interest or penalty imposed on the assessed taxpayer;
- the terms of the accepted compromise and the amount actually paid in accordance with the terms of the compromise;
- the grounds for the compromise; and
- any information regarding a taxpayer's return necessary to permit public inspection of the accepted compromise.

Where to Send Your Offer

Make your check payable to "State of Michigan — Offer In Compromise" and write your collections account number and assessment number(s) on the front of your check. Mail your payment, forms, initial offer payment and all applicable documents to:

Michigan Department of Treasury
Offer in Compromise
PO Box 301909
Lansing MI 48909

Instructions for Form 5183

Schedule 2A — Collection Information Statement for an Offer in Compromise Based on Doubt as to Collectability

Who May Submit an Offer in Compromise Based on Doubt as to Collectability

You may submit an offer in compromise based on a doubt as to collectability if you meet the eligibility requirements (outlined in the Offer in Compromise instructions) and both of the following exist:

- (1) the amount of the offer of payment is the most that can be expected to be paid or collected from your present assets or income; and
- (2) you do not have reasonable prospects of acquiring increased income or assets within a reasonable period of time that would enable you to satisfy a greater amount of the tax liability than the amount offered.

Which Form to File

You must submit a completed **Form 5181**, *Offer in Compromise*, along with **Form 5183**, *Schedule 2A (Individuals) – Collection Information Statement for an Offer in Compromise Based on Doubt as to Collectability*, with your offer in compromise.

NOTE: Your offer cannot be considered without submitting the collection information statement and the requested documents.

Submitting an Offer in Compromise Based on Doubt as to Collectability

In order to evaluate your offer in compromise, Treasury must have a complete and accurate picture of your financial situation. Therefore, you must include with the submission all the documentation and information requested by this Schedule and other information you wish for Treasury to consider in reviewing the offer in compromise.

Gather your information. To calculate an offer amount, gather information about your financial situation, including: cash, investments, available credit, assets, and debt.

Also gather information about your average gross monthly household resources and expenses. The entire household includes anyone in addition to you, including a non-liable spouse and adult children who contribute to income and expenses relating to the household.

Instructions for Form 5183

Instructions for Parts 1, 2, 6, 7, and 9 are contained within the form. All income and expense information must have the accompanying proof attached to the form.

Part 3: Individual Assessments Supporting Doubt as to Collectability

List each outstanding tax assessment to be considered in the Offer in Compromise as they apply to doubt as to collectability.

Part 5: Monthly Household Resources and Expense Information

Monthly Household Resources:

Lines 1-4d. Enter all compensation received as an employee. Include strike pay, supplemental unemployment benefits (SUB pay), sick pay, or long-term disability benefits, including income protection insurance, and any other amounts reported to you on Form W-2; Supplemental Security Income (SSI), and/or Railroad Retirement benefits; retirement, pension, and individual retirement account (IRA) benefits; unemployment compensation; cash and/or food assistance from the Department of Human Services; vendor payments from the State of Michigan; and any other miscellaneous income that you receive.

Lines 5-8d. Enter your spouse and/or adult children's compensation received as an employee. Include strike pay, supplemental unemployment benefits (SUB pay), sick pay, or long-term disability benefits, including income protection insurance, and any other amounts reported to you on Form W-2; Supplemental Security Income (SSI), and/or Railroad Retirement benefits (Include death benefits and amounts received for minor children or other dependent adults who live with you); retirement, pension, and individual retirement account (IRA) benefits; unemployment compensation; cash and/or food assistance from the Department of Human Services; vendor payments from the State of Michigan; and any other miscellaneous income that they receive.

Line 9. Enter any business dividend and interest income that is received by any adult member of the household.

Line 10. Enter the total amount of any lump sum distribution(s) that is received by any adult member of the household.

Line 11. Enter the total net income received from the rental of real estate and/or any net farm rental income that is received by any adult member of the household.

Lines 12, 13. Enter the total alimony and child support payments and payments received as a foster parent that are received by any adult member of the household.

Line 14. Enter the total amount of any income received by any adult in the household that is not described in lines 1-13 (e.g., annuity payments, inheritance payments, awards, prizes, lottery, bingo, gambling winnings, etc.) This does not include income from self-employment.

Lines 15a, 15b. Self-employed taxpayers and/or your spouse, enter your gross income and total expenses from your most recent income statement and attach the statement to the form.

Line 15c. Self-employed taxpayers enter your net income from your most recent income statement and attach the statement to the form.

Line 16. Compute and enter the total monthly household income. Most taxpayers will add lines 1 through 14. Self-employed taxpayers will add lines 1 through 14 and line 15c.

Monthly Household Expenses:

Housing and Utilities

Line 1a. Mortgage. Enter the total amount that you pay for the all mortgages and land contracts on any properties that you own. You must attach proof of each mortgage or land contract.

Line 1b. Rent. Enter the total monthly amount of rent that you pay. You must attach proof of your lease or rental obligation.

Line 1c. Property taxes. If your property taxes are not included with your mortgage payment, enter the amount you pay in property taxes. You must attach proof of payment.

Line 1d. Homeowner's/renter's insurance. If your homeowner's insurance is not included with your mortgage payment, enter the amount you pay in homeowner's insurance. If you pay renter's insurance, enter it here. You must attach proof of payment.

Line 1e. Utilities. Enter the amount that you pay for utilities each month (e.g. electric, heat, water, sewer, etc.) You must attach current billing statements for all utilities.

Line 1f. Enter the amount you pay for your telephone, cellphone, internet, and cable/satellite tv each month. You must attach current billing statements.

Line 1g. If you pay homeowner's association dues, enter that amount here.

Line 1h. Enter the total of lines 1a through 1g.

Transportation

Line 2a. If you own or lease a vehicle, enter the total monthly vehicle loan/lease payment. You must attach proof of your monthly payment amount.

Line 2b. Enter the amount that you spend monthly for gas, maintenance, repairs, insurance, registration, parking, inspections and tolls for any vehicles that you claimed in 2a.

Line 2c. If you do not own a vehicle, enter the total amount that you spend monthly on public transportation.

Line 2d. Enter the total of lines 2a through 2c.

Insurance/Medical Costs

Line 3a. Health Insurance. If you pay out-of-pocket for your health insurance, enter the amount that you pay monthly for your health plan.

Line 3b. Life Insurance. Enter the amount that you pay for life insurance.

Line 3c. Medical Expenses. Enter the amount that you pay for any out-of-pocket medical expenses, such as doctor or prescription co-pays. You must attach proof of the amount you pay each month.

Line 3d. Enter the total of lines 3a through 3c.

Food and Clothing

Line 4a. Groceries. Enter the amount that you spend for groceries each month.

Line 4b. School Lunches. If you have school-aged dependents, enter the amount that you pay for their school-provided lunch each month. You must attach proof.

Line 4c. Enter the amount that you spend on apparel, personal care and household necessities each month.

Line 4d. Enter the total of lines 4a through 4c.

Installment Payments

Line 5a. Child Support. If you pay child support, enter the amount that you pay each month. If the amount is not listed as a line item on your pay stub, you must attach proof of the amount you pay each month.

Line 5b. Alimony. If you pay alimony, enter the amount that you pay each month. If the amount is not listed as a line item on your pay stub, you must attach proof of the amount you pay each month.

Line 5c. Garnishment. If your wages are being garnished, enter the amount being garnished each month. If the amount is not listed as a line item on your pay stub, you must attach proof of the amount that being garnished month.

Line 5d. Other delinquent taxes. If you are making payments on delinquent taxes to the IRS or any other taxing authority and those delinquent taxes are not the subject of this offer in compromise application, enter the amount that you pay monthly. You must attach proof of the amount that you pay monthly and how long the payments will continue.

Line 5e. 401(k) loan repayment. If you are repaying a loan that was taken on your 401(k), enter that amount here. If the amount is not listed as a line item on your pay stub, you must attach proof of the amount you pay each month.

Line 5f. Credit cards. Enter the total amount that you pay monthly on any credit card debt that you may have. You must attach proof of the debt.

Line 5g. Union dues/employment cost. Enter the amount that you pay in union dues or other employment cost(s) each month. If the amount is not listed as a line item on your pay stub, you must attach proof of the amount you pay each month.

Line 5i. Loan Balance. Enter the total combined amount of loan balances from Part 4.

Line 5j. Enter the total of lines 5a through 5i.

Childcare and Education

Line 6a. Childcare. Enter the total monthly amount you pay in childcare for any dependents. You must attach proof of payments.

Line 6b. Tuition/Education. Enter the amount that you pay for the education expense of yourself or your dependents. You must attach proof of payments.

Line 6c. Enter the total of lines 6a and 6b.

Total monthly household expenses. Line 7. Add lines 1h, 2d, 3d, 4d, 5j and 6c.

NOTE: Total Household Resources. Total household resources include all income (taxable and nontaxable) received by all adult household members during the year, including income that might be exempt from federal adjusted gross income. Net losses from business activity may not be used to reduce total household resources.

Part 8: Business Income and Expense Information (for Self-Employed). If you or your spouse are self-employed or have self-employment income, provide the most recent balance sheet and income statement (profit and loss) for the business(es).

Completing Michigan Forms

Michigan Offer in Compromise Forms are available in a format that allows you to fill them out on your computer, print them out, and mail them to the Department of Treasury. In some cases, the forms cannot be saved.

- **Print or type the information in the spaces provided.**
- **Stay within the lines** when entering information in boxes.
- **Answer all questions fully and accurately.** State that an item is not applicable with “N/A.” If the answer is none, write “none.”
- **Enclose any additional explanations on a separate sheet.** Write your collections account number at the top of each sheet of paper.
- **Use black or blue ink.** Do not use pencil, red ink, or felt tip pens. Do not highlight information.
- **If a form is multiple pages,** all pages must be filed.

NOTE: Remember to make additional copies of the completed forms for your records.

When You Have Finished

Assemble your forms and attachments and staple in the upper-left corner. Do not staple your check for the initial offer payment to your forms.

Important Reminder: If you do not include all the required attachments with your offer, your offer may be rejected or consideration of it delayed. Do not send the originals of your documents as attachments.

Where to Mail Your Offer

Mail your offer, initial offer payment and all applicable schedules and attachments to:

Michigan Department of Treasury
Offer in Compromise
PO Box 30190
Lansing MI 48909

Make your check payable to “**State of Michigan — Offer In Compromise**” and write your collections account number and assessment number(s) on the front of your check.