

Michigan Offer in Compromise Based on a Doubt as to Collectability for Individual(s)

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

To submit an Offer in Compromise, all eligibility requirements must be met. See the Guidelines for Offer in Compromise Program at www.michigan.gov/OIC.

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/collectionsservice. If you do not meet all eligibility requirements, your submission may be ineligible.

Taxpayer's signature is required in "Part 6: Taxpayer Certification" upon submitting your offer in compromise.

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 or your submission could be considered ineligible.

- A copy of the current year federal income tax return, including all schedules and attachments.
- 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 showing debits and credits, name and account number.
- 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.

NOTE: If filing for a business that is closed, you must file a "Notice of Change or Discontinuance" (Form 163) before submitting an Offer in Compromise.

- A copy of the current year federal income tax return, including all schedules and attachments.
- Copies of the most recent statements from lenders on loan, mortgages (including second mortgages), **monthly payments, loan payoffs, and balances**.
- Copies of bank statements for the three most recent months showing debits and credits, name, and account number.

PART 1: INDIVIDUAL TAXPAYER AND HOUSEHOLD INFORMATION					
First Name	M.I.	Last Name	Social Security Number		
Date of Birth	Email Address		Telephone Number		
Address		City		State	ZIP
Mailing Address (If Different from Above)		City		State	ZIP
Place of Residence (Check the one that applies):				Marital Status	
<input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other (Shared rent, living w/ relative, etc. Include letter of explanation)				<input type="checkbox"/> Unmarried <input type="checkbox"/> Married	

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FOR TREASURY OFFICE USE ONLY	
Date Offer in Compromise Payment Received	Amount of Initial Offer in Compromise Payment

Social Security Number

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PART 1: INDIVIDUAL TAXPAYER AND HOUSEHOLD INFORMATION - CONTINUED

INFORMATION ABOUT YOUR SPOUSE

Spouse's First Name	M.I.	Last Name	Spouse's Social Security Number
Spouse's Date of Birth	Spouse's Email Address		Spouse's Telephone Number

INFORMATION FOR ALL OTHER PERSONS IN THE HOUSEHOLD OR CLAIMED AS A DEPENDENT

Name	Age	Relationship	Claimed as a dependent on your MI-1040?	*Pay some or all household expenses?
			<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.

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 10, 11 and 12.

TAXPAYER EMPLOYMENT

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

SPOUSE EMPLOYMENT

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

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PART 3: OFFER AND PAYMENT TERMS

Fill in the total amount you are offering to pay, the initial offer payment amount included with this Offer in Compromise request, and the remaining offer 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 amount you are offering to pay and not the actual total liability.
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 payment 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/collectionseservice, 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 box if payment of the remaining offer balance will be made over a period of 5 or fewer months from the date the Offer in Compromise is accepted. The payments must be in equal amounts. Complete the table below detailing the amount of each payment. **The first payment is due within 30 days of acceptance.**

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 (not to exceed 24 months)** — Check if payment of the remaining balance will be made over a period of 6 months or more, not to exceed 24 months, after the date the Offer in Compromise is accepted. The payments must be in equal amounts. Complete the table below detailing the amount of each payment and the number of months needed to complete all payments. **The first payment is due within 30 days of acceptance.**

Installment Details for Payment of 6 Months or More (Not to Exceed 24 Months)

Amount to be paid each month	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.

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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.
- d) Treasury may amend your offer by issuing an addendum. This amended offer will be based on documentation submitted with your offer in compromise and additional documentation provided or available.
- e) 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.
- f) 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.
 - Treasury determines that I withheld changes to income or expenses – either during the request for an offer in compromise or after an offer is accepted – that would alter the circumstances of my ability to pay a tax debt.
 - 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.

- g) 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.
- h) The statute of limitations is suspended while an offer in compromise is pending per MCL 205.27a3b.

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PART 5: OFFER TERMS AND CONDITIONS — CONTINUED

- i) 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.
- j) 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.
- k) Any payments or credits that exceed the offer in compromise amount may be applied by Treasury to outstanding assessments.
- l) 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.

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 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

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). The name, telephone number and email address below must match the information provided on Form 151.

Designee's Name	
Designee's Telephone Number	Designee's Email Address

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PART 8: 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 8, "Loan Balance" refers to an amount owed to pay back a loan. Any monthly loan payment should be reflected on line 6i of Part 9: 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	
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	

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
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

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
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

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

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

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PART 9: 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.

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 10, 11 and 12. 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 the most recent tax return (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 9: 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 miscellaneous expenses; 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. (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.....	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. (Provide proof of premium.).....	3a.	
3b. Life Insurance. (Provide proof of premium and type of policy such as term or whole life.).....	3b.	
3c. Medical (out of pocket).....	3c.	
3d. Total insurance/medical costs. Add lines 3a through 3c.....	3d.	
4. Groceries, Personal and Miscellaneous		
4a. Groceries.....	4a.	
4b. Personal (apparel, services, personal care products).....	4b.	
4c. Miscellaneous (credit cards, bank fees, school supplies).....	4c.	
4d. Total groceries, personal and miscellaneous. Add lines 4a through 4c.....	4d.	
5. Income taxes (federal, state, local taxes).....	5.	
6. Installment Payments — Provide current billing statements as proof for all items in lines 6a-6i. (Some items may be listed on a pay stub.)		
6a. Child Support.....	6a.	
6b. Alimony.....	6b.	
6c. Garnishment.....	6c.	
6d. Other delinquent taxes.....	6d.	
6e. 401(k) loan repayment.....	6e.	
6f. Union dues/employment cost.....	6f.	
6g. Student loans.....	6g.	
6h. Loan Balance (see Part 8 instructions).....	6h.	
6i. Total installment payments. Add lines 6a through 6h.....	6i.	
7. Childcare and Education — Provide current billing statements as proof for all items in lines 7a and 7b.		
7a. Childcare.....	7a.	
7b. Tuition/education.....	7b.	
7c. Total education and childcare. Add lines 7a through 7b.....	7c.	
8. Total monthly household expenses. Add lines 1h, 2d, 3d, 4d, 5, 6i and 7c.....	8.	

If you or your spouse are self-employed, you must complete Business Information in Parts 10, 11 and 12.

All others must skip Parts 10, 11 and 12.

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**Self-employed taxpayers must complete Parts 10, 11 and 12.
All other taxpayers will skip Parts 10, 11 and 12.**

PART 10: 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
Structure of Business (Sole Proprietorship, Partnership, Limited Liability Company, etc.)			
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		Does the business hold a liquor license through the State of Michigan? <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 11: 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.

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PART 12: 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 12, "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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PART 12: ASSET AND LIABILITY ANALYSIS (CONTINUED)**CASH VALUE OF LIFE INSURANCE POLICIES**

Name of Insured		Title of Insured		Insurance	
Policy Number	Type (term, whole life)	Face Amount		Available Loan Value	
Name of Insured		Title of Insured		Insurance	
Policy Number	Type (term, whole life)	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.

Instructions for Form 5181CI

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.

You are required to provide all supporting documentation requested in the form or instructions.

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 5181CI

All income and expense information must have the accompanying proof attached to the form.

Part 9: 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. Enter the amount that you spend on apparel, personal care and household necessities each month.

Line 4c. Enter the amount you spend on miscellaneous expenses each month.

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

Line 5. List the total amount of federal, state, and local income taxes.

Installment Payments

Line 6a. 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 6b. 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 6c. 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 6d. 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 6e. 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 6f. 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 6g. Student Loans. Enter the total amount that you pay in student loans each month. You must attach proof of the amount you pay each month for each loan.

Line 6h. Loan Balance. Enter the total combined amount of loan balances. You must attach proof of the amount you pay each month for each loan.

Line 6i. Enter the total of lines 6a through 6h.

Childcare and Education

Line 7a. Childcare. Enter the total monthly amount you pay in childcare for any dependents. You must attach proof of payments.

Line 7b. Tuition/Education. Enter the amount that you pay for the education expense of yourself or your dependents. You must attach proof of payments.

Line 7c. Enter the total of lines 7a and 7b.

Total monthly household expenses. Line 8. Add lines 1h, 2d, 3d, 4c, 5, 6i and 7c.

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 10: Business Income and Expense Information (for Self-Employed)

If you or your spouse are self-employed or have self-employment income, provide the current year federal income tax return 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.

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

Where to Mail Your Offer

Mail your offer, initial offer payment and all applicable required forms 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.