

Installment Agreement

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

			Social Security No., FEIN, or Michigan Account No.	
Name		Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other, specify: _____		
Address				
City	State	ZIP Code	Home Telephone Number	Business Telephone Number

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

Assessment Number	Assessment Number	Assessment Number	Assessment Number	Assessment Number
			TOTAL AMOUNT OUTSTANDING →	

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

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

Proposed monthly payments \$ _____ due on or before the _____ .
Due Date

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

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

Bank Name and Address (required)	Employer Name and Address (required)
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You should understand that this installment agreement is granted under the following conditions.

If a tax debt:

Liens will be filed against your real and personal property to protect the interest of the State (this is a public record).

Penalty will be charged as provided by statute.

Interest will be charged each month on the unpaid balance as provided by statute.

All other debts:

All delinquent tax returns must be filed before an installment agreement can be issued.

All tax returns and estimated payments that become due during the term of this agreement must be filed and paid on time.

Permission to make installment payments may be withdrawn and the entire tax liability may be collected by levy on income or by seizure of property without further notice if the conditions of this agreement are not met, or if it is determined that collection of these taxes is endangered.

Application of payments under this agreement are at the discretion of the Michigan Department of Treasury.

If debt is a student loan, interest at the rate specified in the agreement will continue to accrue. Payment of the principal does not clear your liability until the related interest is computed and paid.

Any refund, vendor payment or other credit due to you from the State of Michigan may be applied as an additional payment on this debt. For Department of Education debts, your federal income tax refund may be applied.

This agreement is based on your current financial circumstances and is subject to periodic reviews, revision and cancellation if subsequent financial statements required by the Michigan Department of Treasury reflect a change in your ability to pay.

If receiving vendor income you **MUST** also complete Collection Information Statement Form 3189 for Individuals or Form 856 for Businesses (please request these forms by calling the Collection Division at (517) 636-5250).

State of Michigan Department of Treasury

PLEASE REMIT TO	State of Michigan - CD P.O. Box 30199 Lansing, MI 48909-7699
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CONTACT TELEPHONE NUMBER	
Collections Division	(517) 241-4900

1. Date	2. Account Number

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

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



- 1. Today's Date
- 2. Account Number
- 3. Name
- 4. Street/Mailing Address
- 5. City, State & ZIP Code
- 6. Payment Amount

6. Amount of Your Payment
\$

PLEASE RETURN THIS WITH FORM 990, INSTALLMENT AGREEMENT.

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