

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.

Complete the form, sign on page 10, review the checklists on page 10 and 11, and include any required documentation. If self-employed, a current profit and loss income statement **must** be included.

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.							
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	

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PART 4: PERSONAL ASSET INFORMATION (INCLUDING SPOUSE)

Use 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	

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 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.

SAFETY DEPOSIT BOXES (Box contents will detailed in the "Other Valuable Items" section later in Part 4.)

Location	Contents	Box Number
Location	Contents	Box Number

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 is 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 and loss statement.

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, sign the document, and review the checklist on that page.

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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.

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PART 8: ASSET AND LIABILITY ANALYSIS

Use 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. If additional space is needed, attach a list, with each document included your name and FEIN.

* **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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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.

SAFETY DEPOSIT BOXES (Box contents will detailed in the "Other Business Assets" section later in Part 3.)

Location	Contents	Box Number
Location	Contents	Box Number

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.

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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

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, 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 penalties 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

You must include all applicable attachments listed below.

- As many copies as needed of page 2 (Part 3) of this form, listing all applicable assessments.**
- Copies of the most recent pay stub, 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.
- Attach an *Authorized Representative Declaration (Power of Attorney)*, Form 151, if you would like to designate a third party representative.

If you have an interest in a business, also review the checklist on the following page.

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

- As many copies as needed of page 2 (Part 3) of this form, listing all applicable assessments.
- A current profit and loss income statement covering at least the most recent 6 to 12 month period.
- List of Notes Receivable.
- Copies of the most recent statement of outstanding notes receivable.
- Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.