

OIC Schedule 2B (Business) — 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.

- A current profit or loss income statement covering at least the most recent 24 month period.
- Record of officer compensation paid, including IRS Form 1125-E Compensation of Officers.
- If an asset is used as collateral on a loan, include copies of the most recent statement from lender(s) indicating monthly payments, loan payoffs, and balances.
- Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.
- Copies of the most recent statement of outstanding notes receivable.
- If you would like to designate a third party representative, attach an *Authorized Representative Declaration (Power of Attorney)*, (Form 151).

PART 1: BUSINESS INFORMATION			
Business Name/DBA		FEIN, ME or TR Number	
Street 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 a 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 2: ADDITIONAL INFORMATION REGARDING FINANCIAL CONDITION			
<p>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.</p>			

FEIN, ME or TR Number

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PART 3: 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 3, "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	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 current listing which includes name, age & amount of note(s) receivable.	If yes, attach a list of names, age and amount of the account(s) receivable.

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 3: 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.

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PART 3: 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, merchandise inventory and other assets. Be specific. If needing more space than provided below, 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 4: 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 for Tax Matters			Date
Authorized Signer's Name (Print or Type)	Title/Position	Telephone Number	
Authorized Signature for Tax Matters			Date
Authorized Signer's Name (Print or Type)	Title/Position	Telephone Number	

FEIN, ME or TR Number

PART 5: INDIVIDUAL ASSESSMENTS RELATING TO DOUBT AS TO COLLECTABILITY (BUSINESS)

List all outstanding tax assessments 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 below. If multiple pages are included, this line on each copy of the page will reflect the total for all pages.	
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