

**COLLECTION INFORMATION STATEMENT**

**Account number:**

Taxpayer's Full Name		Home Area Code and Phone	Fax Number
Residence Address (Number, Street, City, State, ZIP)			
Residence Is <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	If Owned, Amount Owed \$	Owed On <input type="checkbox"/> MORTGAGE <input type="checkbox"/> LAND CONTRACT	Equity on Home \$
Number of Dependents	Dependent's Ages		
If Self-Employed - Business Name		Business Area Code and Phone	Business Account Number
Taxpayer's Date of Birth	Taxpayer's Social Security Number	Taxpayer's Driver License Number	
Taxpayer's Employer	Employer's Area Code and Phone		Pay Days
Employer Address (Number, Street, City, State, ZIP)			

**SPOUSE IDENTIFICATION**

Spouse's First Name			
Spouse's Date of Birth	Spouse's Social Security Number	Spouse's Driver License Number	
If Spouse is Self Employed - Business Name		Business Area Code and Phone	Business Account Number
Spouse's Employer	Employer's Area Code and Number		Pay Days (Day of Week & Frequency)
Employer Address (Number, Street, City, State, ZIP)			

**BANK, SAVINGS & LOAN AND CREDIT UNION ACCOUNTS**

NAME OF BANK, SAVINGS & LOAN OR CREDIT UNION	TYPE OF ACCOUNT	CURRENT BALANCE

**MOTOR VEHICLES**

YEAR	MAKE	LICENSE NUMBER	VEHICLE IDENTIFICATION NUMBER	VALUE	BALANCE OWED

**REAL PROPERTY (OTHER THAN RESIDENCE) AND TANGIBLE ASSETS**

REAL PROPERTY			If Balance, Mark (X) How Financed	
DESCRIPTION	ADDRESS	BALANCE OWED	MORTGAGE	LAND CONTRACT

Other Tangible Assets (Boat, Airplane, Recreational Vehicle, etc.) Describe:

**MONTHLY INCOME AND EXPENSE**

**Account Number:** \_\_\_\_\_

**TYPE OF INCOME**

**MONTHLY AMOUNT**

- 1. NET PAY - TAXPAYER (Please provide last two paystubs) ..... 1. \$ \_\_\_\_\_
- 2. NET PAY - SPOUSE (Please provide last two paystubs) ..... 2. \$ \_\_\_\_\_
- 3. NET BUSINESS INCOME\* ..... 3. \$ \_\_\_\_\_
- 4. RENTAL INCOME ..... 4. \$ \_\_\_\_\_
- 5. ALIMONY (Received) ..... 5. \$ \_\_\_\_\_
- 6. CHILD SUPPORT (Received) ..... 6. \$ \_\_\_\_\_
- 7. SOCIAL SECURITY (Including Disability and SSI) ..... 7. \$ \_\_\_\_\_
- 8. PENSIONS ..... 8. \$ \_\_\_\_\_
- 9. GENERAL ASSISTANCE ..... 9. \$ \_\_\_\_\_
- 10. OTHER INCOME ..... (List Below In Detail)
- 10a. \_\_\_\_\_ \$ \_\_\_\_\_
- 10b. \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL OF OTHER INCOME (lines 10a and 10b) ..... 10. \$ \_\_\_\_\_
- 11. VENDOR INCOME RECEIVED FROM THE STATE OF MICHIGAN ..... 11. \$ \_\_\_\_\_
- 12. TOTAL OF MONTHLY INCOME (LINES 1 THROUGH 11) ..... 12. \$ \_\_\_\_\_

**TYPE OF EXPENSE**

- 13. MORTGAGE OR LAND CONTRACT ..... 13. \$ \_\_\_\_\_
- 14. PROPERTY TAXES (If Not Included In Above Amount) ..... 14. \$ \_\_\_\_\_
- 15. RENT ..... 15. \$ \_\_\_\_\_
- 16. INSURANCE: 16a. HOMEOWNER'S OR RENTER'S ..... 16a. \$ \_\_\_\_\_
- 16b. LIFE ..... 16b. \$ \_\_\_\_\_
- 16c. AUTOMOBILE ..... 16c. \$ \_\_\_\_\_
- 16d. HEALTH ..... 16d. \$ \_\_\_\_\_
- 17. UTILITIES ..... 17. \$ \_\_\_\_\_
- 18. GROCERIES ..... 18. \$ \_\_\_\_\_
- 19. AUTO ..... 19. \$ \_\_\_\_\_
- 20. MILEAGE...Total round trip miles to place of employment \_\_\_\_\_ x .21) ..... 20. \$ \_\_\_\_\_
- 21. MEDICAL ..... 21. \$ \_\_\_\_\_
- 22. ALIMONY (Paid) ..... 22. \$ \_\_\_\_\_
- 23. CHILD SUPPORT (Paid) ..... 23. \$ \_\_\_\_\_
- 24. GARNISHMENTS ..... 24. \$ \_\_\_\_\_
- 25. OTHER EXPENSE (List Below In Detail)
- a. \_\_\_\_\_ \$ \_\_\_\_\_
- b. \_\_\_\_\_ \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_
- d. \_\_\_\_\_ \$ \_\_\_\_\_
- e. \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL OF OTHER EXPENSE (lines 25a through 25e) ..... 25. \$ \_\_\_\_\_
- 26. TRAVEL EXPENSE (Unreimbursed) ..... 26. \$ \_\_\_\_\_
- 27. TOTAL OF MONTHLY EXPENSE (LINES 13 THROUGH 26) ..... 27. \$ \_\_\_\_\_
- 28. DIFFERENCE - INCOME LESS EXPENSES (SUBTRACT LINE 27 FROM LINE 12) ..... 28. \$ \_\_\_\_\_

**\*NOTE: IF TAXPAYER IS IN BUSINESS, ATTACH A COPY OF THE LATEST BALANCE SHEET AND THE PROFIT AND LOSS STATEMENT.**

**MAIL THIS COMPLETED AND SIGNED FORM WITH PAYMENT (PAYABLE TO STATE OF MICHIGAN - COLLECTION DIVISION) TO: MICHIGAN DEPARTMENT OF TREASURY, PO BOX \_\_\_\_\_, LANSING, MI \_\_\_\_\_.**

**AFFIDAVIT:** *Under penalty of perjury, I declare that to the best of my knowledge, the information provided on this statement is true, correct and complete. I hereby authorize the State of Michigan, Treasury Department, to have access to my credit report.*

Signature	Date	Signature	Date