Michigan Department of Treasury
3189 (Rev. 08-17)

Collection Information Statement – Individual

Issued under authority of Public Act 122 of 1941.

Complete the form, sign on page 3, and include any required documentation. If self-employed, a current profit and loss income statement **must** be included.

PART 1: PERSONAL AND HOUSEHOLD INFORMATION

Primary Taxpayer's First Name	M.I.	Last Name	Account Number

Home Address	City	State	ZIP Code
Mailing Address (if different from above or Post Office Box number)	**City**	**State**	**ZIP Code**

Place of Residence (Check the one that applies):	Marital Status	Age
☐ Own your home ☐ Rent ☐ Other (shared rent, living w/ relative, etc. -- include letter of explanation)	☐ Single ☐ Married	

Primary Telephone Number	Secondary Telephone Number	Fax Number

INFORMATION ABOUT YOUR SPOUSE

Spouse's First Name	M.I.	Last Name	Social Security Number / Account Number	Age

HOUSEHOLD INFORMATION

Total Number of People in Household	Number of People Claimed as Dependents on MI-1040	Number of People Contributing to Household Resources

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. Attach an explanation of circumstances if necessary.

PART 2: EMPLOYMENT INFORMATION

Attach copies of the three most recent pay stubs, earnings statements, etc., from each employer.

Primary Taxpayer's Employer's Name		Employer's Telephone Number	Do you have an ownership interest in this business?
Occupation	**Pay Frequency**	**Length of Employment with Employer** (years) (months)	☐ Yes ☐ No

Employer's Address	City	State	ZIP Code

Spouse's Employer's Name		Spouse's Employer's Telephone Number	Does spouse have ownership interest in this business?
Spouse's Occupation	**Spouse's Pay Frequency**	**Length of Employment with Employer** (years) (months)	☐ Yes ☐ No

Spouse's Employer's Address	City	State	ZIP Code

PART 3: PERSONAL ASSET INFORMATION (INCLUDING SPOUSE)

Use the most recent statement for each type of account, such as checking, savings, money market and online accounts, and stored value cards (e.g. a payroll card from an employer). Asset value is subject to adjustment by the Michigan Department of Treasury based on individual circumstances. Enter the total amount available for each of the following (if additional space is needed include attachments). **NOTE:** Any monthly loan payment should be reflected on line 5i of Part 4: Monthly Household Expense Information.

CASH AND INVESTMENTS (DOMESTIC AND FOREIGN)

Type of Account

☐ Checking ☐ Savings ☐ Money Market / CD ☐ Online Account ☐ Stored Value Card ☐ Cash

Financial Institution Name	Value

Type of Account

☐ Checking ☐ Savings ☐ Money Market / CD ☐ Online Account ☐ Stored Value Card ☐ Cash

Financial Institution Name	Value

If attaching a separate sheet listing additional bank accounts, record the total of those accounts here.

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Account Number

PART 4: MONTHLY HOUSEHOLD EXPENSE INFORMATION

Total allowable monthly expenses are calculated using the collection financial standards for the Michigan Department of Treasury for: housing and utilities; transportation; medical; food and clothing; minimum installment payments; and childcare and education.

Attach copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing minimum monthly payments, loan payoffs, and balances. Attach current billing statements showing total balance due and current payment due for all other expenses claimed.

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) .... 1c.
1d. Homeowner's/Renter's Insurance (if not included in mortgage)....... 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 — Number of Household Vehicles Owned 2.

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. Out-of-Pocket Insurance/Medical Costs

3a. Health Insurance .... 3a.
3b. Life Insurance .... 3b.
3c. Medical Expenses .... 3c.

3d. Total Insurance/Medical Costs. Add lines 3a through 3c .... 3d.

4. Food and Clothing

4a. Groceries .... 4a.
4b. Personal (apparel, services, and personal care products) .... 4b.

4c. Total Food and Clothing. Add lines 4a through 4b........ 4c.

5. Installment Payments — Provide **current** billing statements as proof for all items in lines 5a-5i.

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. Other Monthly Installment Payments........ 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 Childcare and Education. Add lines 6a and 6b .... 6c.

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

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Account Number

PART 5: MONTHLY HOUSEHOLD RESOURCES INFORMATION

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. This information is necessary for the Michigan Department of Treasury to accurately evaluate your circumstances.

Attach 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.

Self-employed taxpayers: Complete line 3d based on a current profit and loss statement. Include that statement with this form.

1. Primary Taxpayer's Income

1a. Wages (attach copies of the three most recent pay stubs)	1a.		
1b. Social Security (including Disability and Social Security income)	1b.		
1c. Pension(s)/Other Retirement Distribution	1c.		
1d. Unemployment	1d.		
1e. Government Assistance (cash/food)	1e.		
1f. Vendor Payments from the State of Michigan	1f.		
1g. Other Income (attach an explanation)	1g.		
1h. **Total Primary Taxpayer's Income. Add lines 1a through 1g.**		1h.	

2. Spouse's Income

2a. Wages (attach copies of the three most recent pay stubs)	2a.		
2b. Social Security (including Disability and Social Security income)	2b.		
2c. Pension(s)/Other Retirement Distribution	2c.		
2d. Unemployment	2d.		
2e. Government Assistance (cash/food)	2e.		
2f. Vendor Payments from the State of Michigan	2f.		
2g. Other Income (attach an explanation)	2g.		
2h. **Total Spouse's Income. Add lines 2a through 2g**		2h.	

3. Other Household Income

3a. Interest and Dividends	3a.		
3b. Distributions (income from partnerships, S corporations, etc.)	3b.		
3c. Rental Income	3c.		
3d. Net Business Income (attach most recent profit and loss statement)	3d.		
3e. Combined Child Support Received	3e.		
3f. Alimony Received	3f.		
3g. Additional Sources of Income - not accounted for elsewhere on this form (attach an explanation)	3g.		
3h. **Total Other Household Income. Add lines 3a through 3g.**		3h.	
4. **Total Monthly Household Income. Add lines 1h, 2h, and 3h.**		4.	

PART 6: CERTIFICATION

Under penalty of perjury, I declare that I have examined this information, including accompanying documents, and certify to the best of my knowledge and belief, it is true, correct, and complete.

Primary Taxpayer's Signature		Date
Spouse's Signature		Date
Authorized Representative's Signature		Date
Authorized Representative's Name (Print or Type)	Title/Position	Telephone Number

NOTE: Attach an *Authorized Representative Declaration (Power of Attorney)* (Form 151) to designate a third party representative.