



STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
UNEMPLOYMENT INSURANCE AGENCY
Cadillac Place - Tax Enforcement Unit - Ste. 11-250
3024 W Grand Blvd Detroit, MI 48202
FAX: (313) 456-0396
INTERNET: www.michigan.gov/uia



PAYMENT PLAN COMMITMENT

MAIL DATE: 12/10/2010
UIA Employer No: [REDACTED]

I hereby acknowledge the following debt and agree for and on behalf of: [REDACTED]
[REDACTED] make payments on this account which is delinquent for the quarters indicated: 1-3/09, and 1-3/2010. The delinquency consists of the following:

Tax	\$9,433.70
Penalty	\$ 1,980.85
Interest * to 06/15/2012	\$2567.22
TOTAL DUE	\$13,981.77

*Interest accrues at the rate of 1% per month on all unpaid taxes from the due date until the date of payment.

TERMS and CONDITIONS

An initial payment of \$777.00 on or before the 15th day of January, 2011 and 17 successive payments of not less than **\$777.00** each, on or before the 15th day of each succeeding month.

Payments will be applied to the oldest delinquent quarter first. The payment will apply first to penalty, then to interest and then to tax. The final payment will vary depending on the actual dates payments are received. Before making your final payment, contact the authorized agent listed below for the amount due.

I further agree to file and pay all quarterly tax reports as they come due. Further, the statute on the quarters indicated on this form is extended for six years from date of signature.

It is understood that a tax lien may be filed against the employer's assets to secure the unpaid balance of this account. This commitment is not binding if the signed agreement is not received within 15 days from the mail date of this agreement. Failure to return the signed agreement would result in further collection action

This Commitment will be in default if the above terms and conditions are not met. In that event, collection action as provided by law may be instituted, including asset seizure. The Unemployment Insurance Agency reserves the right to declare this Commitment null and void if the account is considered to be in jeopardy.

If paying by mail, please allow five business days for processing. To insure proper credit, return this commitment and initial payment in the enclosed envelope. Mail all subsequent payments to:

Unemployment Insurance Agency
3024 W. Grand Blvd., Ste. 11-250
Detroit, Michigan 48202

PLEASE PRINT YOUR UIA EMPLOYER NUMBER ON YOUR CHECK AND MAKE PAYABLE TO: UNEMPLOYMENT INSURANCE AGENCY

Accepted:

[REDACTED]

Signature of Authorized Agent for UIA

Signature of Authorized Agent for Employer

[REDACTED]

Please print Name of Authorized Agent for UIA

Please Print Name of Authorized Agent for Employer

[REDACTED]

Title

Title

[REDACTED]

Phone with Area Code

Date

Phone with Area Code

Date