

## Request and Consent for Disclosure of Tax Return and Tax Return Information

Issued under authority of Public Act 122 of 1941, MCL 205.1.

The Revenue Act, Public Act 122 of 1941, MCL 205.28(1)(f), makes all information acquired in administering taxes confidential. The Michigan Department of Treasury collects a fee for copies of tax returns or tax return information requested by local units of government or other third parties. Taxpayers may receive copies of their personal tax returns at no charge. The current fee schedule is listed below (see Part 3).

| Part 1: Taxpayer Information  |                |                |                                |                         |
|---|----------------|----------------|--------------------------------|-------------------------|
| Enter the name of the individual or business, address and account number for which the tax information is being requested.  |                |                |                                |                         |
| Taxpayer Last Name  | First Name     | MI             | Social Security Number or FEIN | Telephone Number<br>( ) |
| Secondary Taxpayer Last Name  | First Name     | MI             | Social Security Number or FEIN | Telephone Number<br>( ) |
| Address (Street)  |                | City           | State                          | ZIP Code                |
| Tax Type<br><input checked="" type="checkbox"/> Income Tax <input type="checkbox"/> Single Business Tax <input type="checkbox"/> Sales, Use and Withholding <input type="checkbox"/> _____  |                |                |                                |                         |
| Tax Year(s)   |                | Tax Forms      |                                |                         |
| Part 2: Authorization   |                |                |                                |                         |
| I authorize the State of Michigan, Department of Treasury to furnish tax returns and/or tax return information specified in Part 1 to the appointee listed below. <b>This authorization expires in six months and is not a substitute for a formal Power of Attorney, Form 151.</b>                                     |                |                |                                |                         |
| Appointee Name  |                | E-mail Address | Telephone Number<br>( )        |                         |
| Address (Street)  |                | City           | State                          | ZIP Code                |
| Taxpayer's Signature  |                |                | Date                           |                         |
| Taxpayer's Signature  |                |                | Date                           |                         |
| Part 3: Fee Schedule  |                |                |                                |                         |
| Local units of government or other third parties must pay the fee described here. <b>Taxpayers may receive copies of their personal tax returns at no charge.</b> Payment for tax return information must accompany the request. Make checks payable to the State of Michigan and write index code #24152 on the check. |                |                |                                |                         |
| First Year  | \$5.00         | \$5.00         |                                |                         |
| Additional Year(s)  | \$3.00 x _____ |                |                                |                         |
| <b>Fee Total</b>  |                |                |                                |                         |

Submit your request with payment to the following address:

Michigan Department of Treasury  
Policy Communications and Disclosure Division  
Richard H. Austin Building, 2nd Floor  
430 W. Allegan  
Lansing, MI 48922

Please allow 60 days for processing your request.

Telephone: (517) 335-0629  
E-mail: [Treas\\_Disclosure@michigan.gov](mailto:Treas_Disclosure@michigan.gov)

| Treasury Use Only (to be completed by Disclosure Officer)   |                  |                |
|---|------------------|----------------|
| 1. <input type="checkbox"/> The attached information is furnished for tax years _____.                          |                  |                |
| 2. <input type="checkbox"/> No record of filing a return for tax years _____.                                   |                  |                |
| 3. <input type="checkbox"/> No tax record exists for the previous five years under the account number provided. |                  |                |
| 4. <input type="checkbox"/> The account number submitted needs to be verified for accuracy.                     |                  |                |
| 5. <input type="checkbox"/> The account number provided is being used by another taxpayer.                      |                  |                |
| 6. <input type="checkbox"/> Other _____   |                  |                |
| Fee Received  | Fee Paid in Full | Fee Due        |
| Disclosure Officer Approval   |                  | Date Completed |