

"Indian Country" * Information Inquiry

Issued under authority of P.A. 327 of 1993, as amended; P.A. 150 of 1927, as amended; and P.A. 167 of 1933, as amended. Filing is voluntary; however, this form must be filed to receive consideration for refunds of Tobacco Products tax, Motor Fuel tax or Sales tax.

Federal Employer Identification No. (If you do not have a FEIN, a number will be assigned to you.)

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| 1. Name of Tribe (whose "Indian Country" * the business is located in) |
| 2. Name of Business |
| 3. Name of Owner (Officer if a corporation) |
| 4. Address where legal contact should be made (enter number and street) |
| 5. City, State, Zip Code |
| 6. Address of the actual location of the business in Michigan and within "Indian Country" * (enter number and street; cannot be a P.O. Box Number) |
| 7. City, State, Zip Code |
| 8. Legal Physical Description of property in Michigan and within "Indian Country" * |

CERTIFICATION

By checking this box and signing below, I hereby certify that the business identified on line 2 of this form is located within the "Indian Country" of the tribe identified on line 1.

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|-----------------------|-------|------------------|
| 9. Type or Print Name | Title | Date |
| Signature | | Telephone Number |

Where the retail business is owned by a federally recognized Indian Tribe, the signing of this form shall not be construed to represent any concession of existing sovereignty.

* "Indian Country" as defined in 18 U.S.C. , Section 1151.

Send completed forms to:

Michigan Department of Treasury
Special Taxes Division
P.O. Box 30474
Lansing, MI 48909-7974

Questions? Call (517) 636-4630. Forms can also be faxed to (517) 636-4631.