

Request for Michigan Principal Residence Information

Issued under authority of P.A. 122 of 1941, as amended.

PART 1: REQUESTING AGENCY INFORMATION			
Name of Government Unit Requesting Information	Print Name of Person Requesting Information	Telephone Number	
Address (Number and Street)	City	State	ZIP Code

PART 2: INDIVIDUAL TAXPAYER			
Taxpayer Last Name	First Name	MI	Social Security Number
Secondary Taxpayer Last Name	First Name	MI	Social Security Number
Address (Street)	City	State	ZIP Code
Parcel Number	Local Government Unit (City or Township)	County	

Information Requested:		<input type="checkbox"/> Address Verification	<input type="checkbox"/> Residency Status	<input type="checkbox"/> Filing Status	<input type="checkbox"/> Copy of Affidavit Filed
		<input type="checkbox"/> Other, explain _____			
Specify Years Requested:			The exchange agreement between our agencies does not permit the disclosure of tax returns.		

I declare that I am authorized to request and receive the above information under the exchange agreement between the Michigan Department of Treasury and the above named governmental unit.

I understand that any Michigan Department of Treasury tax return information made available to me will not be divulged or made known in any manner to any person except as may be necessary in the performance of my official duties. Access to Treasury information is allowed on a need-to-know basis to perform my official duties.

Michigan Penalties: MCL 205.28(1)(f) provides that you may not disclose any Michigan tax return information. Violators of §28(1)(f) are guilty of a **felony** and subject to **fines of \$5,000 or imprisonment for five years, or both** per the Michigan Revenue Act, MCL 205.28(2). State employees will be discharged from state service upon conviction.

Any person who violates any other provision of the Revenue Act, MCL 205.1, et seq., or any statute administered under the Revenue Act, will be guilty of a misdemeanor and **fined \$1,000 or imprisoned for up to one year, or both**, MCL 205.27(4).

This form and any attached return information must be returned to your department liaison in charge of tracking, receiving and destroying Michigan tax return information.

Signature of Person Requesting Information	Date	Signature of Authorized Official	Date
Print Name of Person Requesting Information		Print Name of Authorized Official	
Telephone Number of Person Requesting Information		Telephone Number of Authorized Official	

PART 3: TO BE COMPLETED BY TREASURY DISCLOSURE OFFICER			
<input type="checkbox"/> Address Verification	_____		
<input type="checkbox"/> Residency Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	<input type="checkbox"/> Part-year Resident
<input type="checkbox"/> Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Married Filing Single
<input type="checkbox"/> Copy of Affidavit Filed	<input type="checkbox"/> Married Filing Joint		
<input type="checkbox"/> Other, explain	_____		
Disclosure Officer	Date	Allow 60 days to process your request.	

Send this form to: Disclosure Officer, Michigan Department of Treasury, Technical Services Division, Disclosure Unit, 430 W. Allegan Street, Lansing, MI 48922.