

Taxpayer's Business Name	Account Number
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Type of Business Ownership (check one only)

<input type="checkbox"/> Individual	<input type="checkbox"/> Michigan Corporation	<input type="checkbox"/> Non-Michigan Corporation	<input type="checkbox"/> Trust or Estate (Fiduciary)
<input type="checkbox"/> Husband - Wife	<input type="checkbox"/> Subchapter S	<input type="checkbox"/> Subchapter S	<input type="checkbox"/> Joint Stock Club or Investment Company
<input type="checkbox"/> General Partnership			<input type="checkbox"/> Social Club or Fraternal Organization
<input type="checkbox"/> Limited Partnership			<input type="checkbox"/> Other (Explain)

Limited Liability Company Taxed As:

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Disregarded Entity
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Enter the reason for amending return. Include your **account number** on each page being submitted. **(Required)**

Signature (you are required to complete all information requested below)

<i>I declare under penalty of perjury that this return is true and complete to the best of my knowledge.</i>		<i>I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</i>	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with the designated preparer.			
Signature of Taxpayer's Official Representative (must be an Owner, Officer, Member, Manager, or Partner)		Preparer's Signature, Address, Telephone and ID Number	
Print Official Representative's Name	Date		
Official Representative's Title (Owner/Officer/Member/Manager/Partner) (Required)	Telephone Number		
Taxpayer's FEIN or Social Security Number			

Mailing Instructions:

If sending an amended annual return, check the amended return box on page 1 of this return, and refer to page 6 of the *SUW Instruction Book (Form 78)* for amended return mailing addresses and other instructions.

If enclosing payment with your annual return, mail to:

Michigan Department of Treasury
 Department 78172
 P.O. Box 78000
 Detroit, MI 48278-0172

If requesting a credit to your account (amount on line 23) or a refund (amount on line 24), mail to:

Michigan Department of Treasury
 P.O. Box 30779
 Lansing, MI 48909

If no payment is enclosed with your annual return, mail to:

Michigan Department of Treasury
 Lansing, MI 48930

www.michigan.gov/bustax is a secure Web site designed specifically to protect your tax information. Use this Web site to check the status your Sales, Use, and Withholding transactions and ask specific questions about your account.