

# Request and Consent for Disclosure of City Tax Return Information

Issued under authority of Public Act 284 of 1964, MCL 141.501 et. seq.

The City Income Tax Act, Public Act 284 of 1964, MCL 141.674(1), makes all information acquired in administering taxes confidential. The Michigan Department of Treasury recoups cost for preparing copies of tax returns or tax return information requested by 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	M.I.	Social Security Number or FEIN	Telephone Number
Taxpayer Last Name	First Name	M.I.	Social Security Number or FEIN	Telephone Number
Address (Street)	City	State	ZIP Code	Email
City Governmental Unit <input type="checkbox"/> Detroit <input type="checkbox"/> Other _____				
Tax Type <input type="checkbox"/> Income Tax <input type="checkbox"/> Business Tax <input type="checkbox"/> Withholding Tax <input type="checkbox"/> Other _____				
Tax Year(s)		Tax Forms		

Part 2: AUTHORIZATION				
<i>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. This authorization expires in six months and is not a substitute for a formal Form 151, Authorized Representative Declaration.</i>				
Appointee Name	Email Address		Telephone Number	
Address (Street)	City	State	ZIP Code	
Signature of Taxpayer <b>OR</b> Legal Representative			Date	

Part 3: FEE SCHEDULE		
Third parties must pay the fee described here. Taxpayers may receive copies of their personal tax returns at no charge. Payment for tax return information must accompany the request. Make checks payable to the State of Michigan and write index code # 19182 on the check. * Large requests will be assessed differently.		
First Year	\$5.00	\$5.00
Additional Year(s)	\$3.00 x _____	
<b>FEE TOTAL</b>		

**Please allow 60 days for processing your request.**

Submit your request with payment to the following address:

Michigan Department of Treasury  
 Privacy and Security Disclosure Unit  
 P.O. Box 30832  
 Lansing, MI 48909  
 Email: [Treas\\_Disclosure@michigan.gov](mailto:Treas_Disclosure@michigan.gov)  
 Telephone: 517-636-4239

TREASURY USE ONLY	
<input type="checkbox"/> The attached information is furnished for tax year(s) _____	
<input type="checkbox"/> No record of filing a return for tax year(s) _____	
<input type="checkbox"/> Other _____	
Disclosure Unit Approval/Certification	Date Completed