



Adult-Use Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517-284-8599 CRA-AdultUseRenewals@Michigan.gov

ATTESTATION R-D CONFIRMATION OF TAX COMPLIANCE

(To be completed by a designee of the Michigan Department of Treasury and submitted by the applicant)

PART A (to be completed by the app	licant before submitting to	the Departmen	nt of Tre	easury):	
On behalf of Legal Name of I understand that I am submitting this At I have been making sales, I am register equired. Additionally, I am not more tlaw.	testation in compliance with ered and remitting sales and	the MRTMA an excise taxes to	nd the Actine the Mic	dministrative higan Depart	Rules. I affirm that if ment of Treasury, as
Signature of Individual Authorized to Sign on Be	half of Renewal Applicant		Date	·	
Renewal Applicant FEIN/Sole Proprietor SSN	License Number(s):				
	Return Address for Co	mpleted Form:			
	Name				
	Representative Name (if applicable))			
	Return Email Address or Mailing Address				
:	Phone Number				
Treasury Phone: 517-63 PART B (to be completed by a design	6-6925 Treasury Email:	ment of Treasu	ıry and ı	returned to t	he applicant):
I, hereby confirm to the Cannabis Regula	tomy Aganay (Aganay) that				ertment of Treasury,
in Part A:	nory Agency (Agency) that	ше аррисані пог	Tenewai	i oi a state ne	ense as named above
☐ does not have a federal employer number, therefore, Treasury cannot ver				deral individ	ual tax identification
\square is not delinquent with the payment of	f taxes required under state l	aw.			
\Box is delinquent in the payment of any one or more years.	tax required under state law.	The payment	□ has	□ has not	been delinquent for
Signature of Treasury Designee			Date		

CRA 5324 (Revised July-2023) Page 1 of 1