

ATTESTATION F - INDIVIDUAL
CONFIRMATION OF TAX COMPLIANCE

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

PART A (to be completed by the applicant before submitting to the Department of Treasury):

I, _____
Name of Sole Proprietor

understand that I am submitting this Attestation in compliance with the Medical Marihuana Facilities Licensing Act (MMFLA) and the Administrative Rules. I hereby attest that the statements that will be confirmed in Part B below are true to the best of my knowledge and belief. I further affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan Department of Treasury, as required.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Cannabis Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MMFLA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for two years from the date of my signature below or until the applicant is no longer licensed, whichever is later.

Signature of Sole Proprietor

Date

Sole Proprietor SSN

Return Address for Completed Form:

Name

Representative Name (if applicable)

Return Email Address or Mailing Address

Phone Number

Treasury Phone: 517-636-6925 | Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

PART B (to be completed by a designee of the Michigan Department of Treasury and returned to the applicant):

I, _____ (designee) of the Michigan Department of Treasury, hereby confirm to the Cannabis Regulatory Agency (Agency) that the applicant for a state operating license as named above in Part A:

does not have a social security number or federal individual tax identification number, therefore, Treasury cannot verify the applicant has no delinquency in payments.

has no delinquency in payments and has satisfied all obligations for any sales or any other taxes that were to be levied on the sale of marijuana in accordance with the treasury bulletin titled "Marihuana Provisioning Center Tax and Sales and Use Tax Treatment of Marihuana" which was issued January 18, 2018 as updated. This attestation is provided in accordance with the Medical Marihuana Facilities Licensing Act (MMFLA), and the Administrative Rules.

So long as Treasury can verify the applicant has no delinquency in payments, I further confirm that:

1. The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant is responsible.
2. There are no outstanding obligations for any taxes levied for which the applicant is responsible.
3. Any tax delinquencies for which the applicant is responsible, have been satisfied, if applicable.

Signature of Treasury Designee

Date