

Request for Michigan Principal Residence Information

Issued under authority of Public Act 122 of 1941, as amended.

PART 1: REQUESTING AGENCY INFORMATION			
Name of Government Unit Requesting Information		Print Name of Person Requesting Information	
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
Information Requested:			
<input type="checkbox"/> Address Verification <input type="checkbox"/> Residency Status <input type="checkbox"/> Filing Status			
Specify Years Requested:			The exchange agreement between our agencies does not permit the disclosure of tax returns.

TAXPAYER CERTIFICATION. 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 UNIT				
<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"/> Married, Filing Single <input type="checkbox"/> Married, Filing Joint				
<input type="checkbox"/> Other, explain _____				
Disclosure Unit		Date	Allow 60 days to process your request.	

Send this form to: Disclosure Officer, Michigan Department of Treasury, Office of Privacy and Security, Disclosure Unit, 430 W. Allegan Street, Lansing, MI 48922.