Purchaser Refund Request for a Sales or Use Tax Exemption

Issued under authority of Public Acts 167 of 1933 and 94 of 1937, as amended.

Purchasers that failed to claim an available sales or use tax exemption at the time of purchase can request a refund directly from the Michigan Department of Treasury by filing this form. This form does not apply to all potential refund claims by purchasers. For example, refund claims related to returns of taxable property to a seller or refund claims related to retroactive changes in law are not eligible to use this form. All refund claims made by a purchaser must be made within four years of the original date of purchase.

Mail all documents to: Michigan Department of Treasury, Attn: Tax Technical Services, PO Box 30698, Lansing MI 48909.

PURCH	PURCHASER INFORMATION						
Purchaser N	ame (Individual or Busi	ness)			Social Security or TR No.,	or Federal E	mployer ID No. (FEIN)
Address				City		State	ZIP Code
Contact Pers	son			L	Contact Phone Number		
SCHEDU	JLE OF PURC	HASES (See instr	uctions, page 2	2; if reporting n	nore purchases, se	e page 2	2.)
Purchase Number	Date of Purchase	Price	Tax Refund Requested	Tax Type (Sales or Us	se) Descri	ption of P	operty
1		\$	\$				
2		\$	\$				
3		\$	\$				
CALCUL	ATING TOTAL	REFUND REQUE	STED				
1. Subtota	al of Refund for Pure	chase 1, Purchase 2 an	d Purchase 3		1.		
2. Subtota	al of Refund from (a	ll) Supplemental Sched	ule(s) of Purchases	·	2.		
3. Total re	efund requested. Ad	d line 1 and line 2			3.		
SELLER	INFORMATIO	N			<u>.</u>		
Seller Name	(Individual or Business	3)			Business Account Number	(FEIN or TF	R Number)
Seller Addres	55			City		State	ZIP Code
SELLER	CERTIFICATI	ON					
By signing	a this statement. I	certify that all of the	following stateme	nts are true with r	egard to the total refur	nd reques	ted on this form:
1. N	/lichigan sales or	-	d from the purcha	ser for the sales r	eported on this form.	-	
		on this form were rep for those sales was			ed with Treasury and a	ll sales o	r use tax collected
3. A		es or use tax remitted		-	on this form has not b	een claim	ned and will not be
I declare	under penalty of			is statement on b	ehalf of the Seller and	I that the	information in this
Authorized S	ignature			Date	Telephone Number		
Authorized S	igner's Name (print or	type)		Title			
Store Numbe	er/Location of Authorize	ed Signer (if different from a	address above)				

Purchaser Name (Individual or Business)	Social Security or TR No., or Federal Employer ID No. (FEIN)
Seller Name (Individual or Business)	Business Account Number (FEIN or TR Number)

INSTRUCTIONS FOR SCHEDULE OF PURCHASES ON PAGE 1: All purchases listed must be from the same seller. Provide the date the transaction took place and a description of the property or service to which your tax refund request relates. Include with this form an exemption claim (for example, Form 3372) and an accurate record of the purchase, including, but not limited to, a paper, electronic, or digital receipt, invoice, or purchase order related to the sale, that includes the date of the purchase and the amount of sales or use tax paid to the seller. Claims will be considered incomplete without these attachments. A purchaser may report up to three transactions on page 1 from the same seller. If more than three transactions from this seller need to be reported, complete and include the additional Schedule of Purchases below. Also, complete the "Total Refund Requested subtotal for this page below" and report on page 1, line 2.

SUPPLEMENTAL SCHEDULE OF PURCHASES

Complete as many copies of this supplemental schedule as needed and include them with page 1 of Form 5633. Each purchase must be made from the same seller and must include the required documentation. Carry the refund subtotals from all schedules to line 2 on page 1.

Purchase Number	Date of Purchase	Price	Tax Refund Requested	Tax Type (Sales or Use)	Description of Property
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
Tay P	ofund Requested	subtotal for this pag	e. \$		