

Verification of Confidentiality Compliance

The Revenue Act, Public Act 122 of 1941, MCL 205.28(1)(f), makes tax information acquired from the Michigan Department of Treasury confidential. The Act holds that any state employee, authorized representative, or former employee who has access to Michigan tax returns and Michigan tax return information is subject to the same restrictions as Michigan Department of Treasury employees. As agency administrator, you are required to verify that all employees, authorized by the Michigan Department of Treasury, have signed confidentiality agreements, completed the Quickknowledge online training, and are in compliance with Treasury disclosure provisions.

Attach a separate form 4092 for contract employees and identify the contracted agency on the form. If employees'/contractors' job duties change or they are transferred to another division during the year and no longer require electronic access to Treasury's information, it is IMPERATIVE that you complete the appropriate Security form and **send it to the Office of Privacy and Security immediately.**

Agency Administrator Name	Agency		Division/Unit
Street Address	City	State	ZIP Code
Telephone Number	E-mail Address		Fax Number
Contractor Agency Name	Contact Person	Telephone Number	

Have any of the following changes occurred since your last reporting? If yes, please explain or provide contact information where applicable.

1. Prior Agency/Bureau/Division/Unit Name _____
2. Agency representative authorized to sign the agreement _____
3. Agency head or designee authorized to approve the request for Treasury information _____
4. Contractor has access to Treasury records (e.g. remote access or can electronically or via paper document, view Treasury tax return or tax return information). Please explain.

5. Would your agency like to rescind the information sharing agreement with Treasury? Yes No

6. **Complete the section below** for staff with access to Michigan Tax Return and/or Michigan Tax Information (regardless of answer to #5):

Employee Name (Last Name, First Name)	Title	Date of Quickknowledge (mm/dd/yyyy)	Date of Confidentiality Agreement Signed (mm/dd/yyyy)

Certification

I certify that every employee or contractual Agent under my authority that handles Michigan or Federal tax return information has read and signed a Confidentiality Agreement and taken the annual Online Disclosure Training.

Agency Administrator Signature	Date
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Send form to: Michigan Department of Treasury
Office of Privacy and Security, Disclosure Unit
430 W. Allegan Street
Lansing, MI 48922

Telephone: 517-636-4239
Fax: 517-636-5340
E-mail: Treas_Disclosure@michigan.gov

Attach additional sheets if needed.