**STATE TAX COMMISSION**
**CONTINUING EDUCATION ATTENDANCE FORM**

| | |
|---|---|
| **Course Title:** | |
| **Sponsor Organization:** | |
| **Instructor(s):** | |
| **Course Date:** | |
| **Course Location:** | |
| **Number of Hours Approved by STC:** | |

**SUBMIT COMPLETED FORM TO: duncansonb@michigan.gov**

| PRINT FULL NAME (LEGIBLY) | Level | Signature | INITIAL in | INITIAL out |
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