

Request for Hearing/Informal Conference

TAXPAYER INFORMATION				
Taxpayer Name (Required)			Account Number (Required)	
Mailing Address (Required)		City (Required)	State (Required)	ZIP Code (Required)
Daytime Telephone Number (Required)	Fax Number (Optional)		E-mail Address (Optional)	
This appeal involves issues related to the following (Check all that apply. At least one is required.)				
<input type="checkbox"/> Tax <input type="checkbox"/> Interest <input type="checkbox"/> Penalty <input type="checkbox"/> Refund of tax in the amount of: _____				
Does this appeal involve an Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No				
List the Notice(s) that are in dispute and provide copies of the notice(s) with this request. (Required. Attach additional pages if needed.)				
Date on Notice	Intent to Assess Number or Refund Adjustment	Tax Year/Period	Tax Type	
What relief are you requesting? (Required. Attach additional pages if needed.)				
Provide an explanation of the dispute that includes the facts and legal argument upon which you rely to support the relief requested. (Required. Attach additional pages if needed.)				
<input type="checkbox"/> Check this box if an authorized representative (Power of Attorney) will be representing the taxpayer in this matter. NOTE: If a request for a Hearing/Informal Conference is made by a representative without a valid Form 151 <i>Authorized Representative Declaration</i> , all correspondence will be mailed to the taxpayer only.				
REQUESTOR INFORMATION				
Name (If this person is not an employee of the taxpayer, provide an Authorized Representative Declaration (Power of Attorney) (Form 151)).				
Company Name (Optional)			Title or relationship to taxpayer (Required)	
E-mail Address (Optional)		Daytime Telephone Number (Required)	Date Submitted	
Remember to attach the following:				
<ul style="list-style-type: none"> • Copies of Intent(s) to Assess and/or Refund Adjustment Notice(s) at issue (Required). • Copy of Form 151, <i>Authorized Representative Declaration</i> (Required if you want someone to appear or represent you without you being present). • Documentation in support of relief requested (Required). 				
OFFICE USE ONLY				
Docket Number	Docket Type	Date Received	Originating Division	Audit Period
ARD Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARD Type <input type="checkbox"/> Firm <input type="checkbox"/> Individual	ARD Request Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARD Authorized to Withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mail completed form and supporting documentation to:
 Michigan Department of Treasury Hearings Division
 PO Box 30038
 Lansing MI 48909
 Fax to: 517-636-4115
 E-mail: Treas-Hearings@michigan.gov

Do not use this form for Tobacco Seizures, Tobacco License denials, or Principal Residence Exemption denials. Please refer to the notice you received for proper appeal procedure.