

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 Security and Safeguard eLearning, 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 IMMEDIATELY complete the appropriate Security form and send it to Privacy and Security.

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|---------------------------|----------------|------------------|---------------|
| Agency Administrator Name | Agency | | Division/Unit |
| Street Address | City | State | ZIP Code |
| Telephone Number | Email 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) |
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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.

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|---|------|
| Office/Division Administrator's Signature | Date |
|---|------|

Send this form to:
Michigan Department of Treasury
Privacy and Security, Disclosure Unit
P.O. Box 30832
Lansing, MI 48909
Email: Treas_Disclosure@michigan.gov

Attach additional sheets if needed.