

Request for Disclosure of Michigan Tax Return Information (State and Local Government Units)

Submit one form for each individual or entity you are requesting information for.

PART 1: REQUESTING AGENCY INFORMATION			
Name of Government Unit Requesting Information	Email	Telephone Number	
Address (Number and Street)	City	State	ZIP Code

We are requesting information per MCL 205.28 (1)(f) and an agreement between the agency named above and the Michigan Department of Treasury. Please provide the information on the individual or business named below.

PART 2: INDIVIDUAL TAXPAYER			
Taxpayer Last Name	First Name	MI	Social Security Number
Address (Street)	City	State	ZIP Code

PART 3: TAX INFORMATION REQUESTED		
Type of tax return information needed: <input type="checkbox"/> Income Tax <input type="checkbox"/> SBT <input type="checkbox"/> MBT <input type="checkbox"/> CIT <input type="checkbox"/> SUW <input type="checkbox"/> Other _____		
For tax years:	Specify other information needed:	Reason for request

Check this box if the information must be certified by the Disclosure Officer and is expected to be presented in court.

I declare that I am authorized to request and receive the above information under the exchange agreement between the Michigan Department of Treasury and the agency named above (Government Unit).

I declare that I have signed the Confidentiality Agreement and understand that any Michigan Department of Treasury tax returns or tax return information made available to me will not be divulged or made known in any manner to any person except as may be necessary in the performance of my official duties. Access to Treasury information is allowed on a need-to-know basis to perform my official duties. I further understand that under the Michigan Revenue Act, MCL205.28(1) (f) I may not willfully browse any return or information contained in a return. Browsing is defined as examining a return or return information acquired by a person or another person without authorization or without a need to know the information to perform official duties. I understand the penalties that apply if I disclose information obtained to perform my job duties.

This form and any attached return information must be returned to your department liaison in charge of tracking, receiving, and destroying Michigan tax return information.

Signature	Date	Signature of Agency Head/Designee	Date
Print Name of Employee Initiating Request		Print Name of Agency Head/Designee	

PART 4: FEE SCHEDULE		
Local units of government or other third parties must pay the fee described here. Taxpayers may receive copies of their personal tax refunds at no charge. Payment for tax return information must accompany the request. Make checks payable to the State of Michigan and write index code #19182 on the check.		
First Year	\$ 5.00	\$ 5.00
Additional Year(s)	\$ 3.00 X _____	
FEE TOTAL		

Check this box if you prefer to have your request emailed back

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

Allow 60 days to process your request.

TREASURY USE ONLY	
<input type="checkbox"/>	1. The attached information is furnished for tax year(s) _____.
<input type="checkbox"/>	2. No record of filing a return/credit for tax year(s) _____.
<input type="checkbox"/>	3. See attached 4374 form for additional information needed
<input type="checkbox"/>	4. Other _____.
Disclosure Unit Approval/Certification	Date