

## Request for Michigan Principal Residence Information

Issued under authority of Public Act 122 of 1941, as amended.

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 above named governmental unit.

### PART 1: REQUESTING AGENCY INFORMATION

Name of Government Unit Requesting Information	Print Name of Person Requesting Information		
E-Mail Address		Telephone Number	
Agency Address (Number and Street)	City	State	ZIP Code

### PART 2: INDIVIDUAL TAXPAYER

Taxpayer Last Name	First Name	MI	Social Security Number
Address (Street)	City	State	ZIP Code

Information Requested:

Address Verification  Residency Status  Filing Status

Specify Years Requested:

**The exchange agreement between our agencies does not permit the disclosure of tax returns.**

**AGENCY CERTIFICATION.** I understand that any Michigan Department of Treasury 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

**Michigan Penalties:** MCL 205.28(1)(f) provides that you may not disclose any Michigan tax return information. Violators of §28(1)(f) are guilty of a felony and subject to fines of \$5,000 or imprisonment for five years, or both per the Michigan Revenue Act, MCL 205.28(2). State employees will be discharged from state service upon conviction

Any person who violates any other provision of the Revenue Act, MCL 205.1, et seq., or any statute administered under the Revenue Act, will be guilty of a misdemeanor and fined \$1,000 or imprisoned for up to one year, or both, MCL 205.27(4).

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 of Person Requesting Information	Date	Signature of Authorized Official	Date
Print Name of Person Requesting Information		Print Name of Authorized Official	
Telephone Number of Person Requesting Information		Telephone Number of Authorized Official	

Send this form to: Email: [Treas\\_Disclosure@michigan.gov](mailto:Treas_Disclosure@michigan.gov)

Michigan Department of Treasury  
Privacy and Security, Disclosure Unit  
P.O. Box 30832  
Lansing, MI 48909

**Allow 60 days to process your request.**

### TREASURY USE ONLY

<input type="checkbox"/> Address Verification	_____	
_____		
_____		
<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	<input type="checkbox"/> Part-year resident
<input type="checkbox"/> Single	<input type="checkbox"/> Married, Filing Single	<input type="checkbox"/> Married, Filing Joint
<input type="checkbox"/> Other, explain _____		
Disclosure Unit Approval Certification		Date