

## “Indian Country” \* Information Inquiry

Issued under authority of Public Act 327 of 1993, as amended; P.A. 403 of 2000, as amended; and P.A. 167 of 1933, as amended. Filing is voluntary; however, this form must be filed to receive consideration for refunds of Tobacco Products tax, Motor Fuel tax or Sales tax.

1. Name of Tribe (whose “Indian Country” * the business is located)		Federal Employer Identification Number (If you do not have a FEIN, a number will be assigned to you)	
2. Name of Business			
3. Name of Owner (Officer if a corporation)			
4. Address where legal contact should be made (enter number and street)			
5. City		6. State	7. ZIP Code
8. Address of the actual location of the business in Michigan and within “Indian Country” * (enter number and street; cannot be a PO Box Number)			
9. City		10. State	11. ZIP Code
12. Legal Physical Description of property in Michigan and within “Indian Country”			
<b>CERTIFICATION</b>			
<input type="checkbox"/> <i>By checking this box and signing below, I hereby certify that the business identified on line 2 of this form is located within the “Indian Country” of the tribe identified on line 1.</i>			
12. Type or Print Name		Title	Telephone Number
Signature			Date

Where the retail business is owned by a federally recognized Indian Tribe, the signing of this form shall not be construed to represent any concession of existing sovereignty.

\* “Indian Country” as defined in 18 U.S.C. , Section 1151.

### Send Completed forms to:

Michigan Department of Treasury  
Special Taxes Division  
PO Box 30791  
Lansing, MI 48909

**Questions?** Call 517-636-4630. Forms can also be faxed to 517-636-4631.