



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

**MICHIGAN TAX TRIBUNAL REFUND REQUEST**

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

MOAHR Docket No: \_\_\_\_\_ Amount of Refund Requested: \$ \_\_\_\_\_

Reason for Refund:

Filing/Motion Fee Overpaid

Duplicate Docket

Other \_\_\_\_\_

Payment Information:

Docket Lookup Line # of Payment: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Check #: \_\_\_\_\_

Validation/Confirmation #: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

For Tribunal Use Only:

Computation of Refund Amount:

Amount paid: \$ \_\_\_\_\_

**Granted:**

Amount Due: \$ \_\_\_\_\_

**Denied:**

Amount Refunded: \$ \_\_\_\_\_

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

Audited/Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

Refund Denied by: \_\_\_\_\_

Date: \_\_\_\_\_