



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: _____