GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

MICHIGAN TAX TRIBUNAL REFUND REQUEST

Payee Name: _____

Payee Address: _____

MTT 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: _____