STATE TAX COMMISSION

	COI	NTINUING	EDUCATION ATTENDANCE FORM		
Course Title:					
Sponsor Organization:					
Instructor(s):					
Course Date:					
Course Location:					
Number of Hours					
Approved by STC:					
SUBMIT COMPLET	ED FORM TO: S	state-Tax	-Commission@michigan.gov	INIT	TAT
PRINT FULL NAME (LEGIBLY)		Level	Signature	in out	
					1

STATE TAX COMMISSION

	CON	ITINUING	EDUCATION ATTENDANCE FORM		
Course Title:					
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PRINT FULL NAME (LEGIBLY)				INITIAL	
PRINT FULL NAM	IE (LEGIBLY)	Level	Signature	in	out