

Request and Consent for Disclosure of Tax Return and Tax Return Information

Issued under authority of Public Act 122 of 1941, MCL 205.1.

The Revenue Act, Public Act 122 of 1941, MCL 205.28(1)(f), makes all information acquired in administering taxes confidential. The Michigan Department of Treasury collects a fee for copies of tax returns or tax return information requested by local units of government or other third parties. **Taxpayers may receive copies of their personal tax returns at no charge.** The current fee schedule is listed below (see Part 3).

Part 1: Taxpayer Information				
Enter the name of the individual or business, address and account number for which the tax information is being requested.				
Taxpayer Last Name	First Name	MI	Social Security Number or FEIN	Telephone Number
Secondary Taxpayer Last Name	First Name	MI	Social Security Number or FEIN	Telephone Number
Address (Street)		City		State ZIP Code
Tax Type <input type="checkbox"/> Income Tax <input type="checkbox"/> Single Business Tax <input type="checkbox"/> Sales, Use and Withholding <input type="checkbox"/> _____				
Tax Year(s)		Tax Forms		

Part 2: Authorization			
I authorize the State of Michigan, Department of Treasury to furnish tax returns and/or tax return information specified in Part 1 to the appointee listed below. This authorization expires in six months and is not a substitute for a formal Power of Attorney, Form 151.			
Appointee Name Axiom Requisition Copv Service	E-mail Address records@axiomcopv.com	Telephone Number 517.886.5099	
Address (Street) 2869 Jolly Road	City Okemos	State MI	ZIP Code 48864
Taxpayer's Signature		Date	
Taxpayer's Signature		Date	

Part 3: Fee Schedule		
Local units of government or other third parties must pay the fee described here. Taxpayers may receive copies of their personal tax returns at no charge. Payment for tax return information must accompany the request. Make checks payable to the State of Michigan and write index code #24152 on the check.		
First Year	\$ 5.00	\$ 5.00
Additional Year(s)	\$ 3.00 x _____	
Fee Total		

Submit your request with payment to the following address:
 Technical Services Division, Disclosure Unit
 Michigan Department of Treasury
 P.O. Box 30698
 Lansing, MI 48909

For Express Deliveries, use:
 Technical Services Division, Disclosure Unit
 Michigan Department of Treasury
 430 W. Allegan Street
 Lansing, MI 48922

Please allow 60 days for processing your request.

Telephone: (517) 636-4239

E-mail: Treas_Disclosure@michigan.gov

Treasury Use Only (to be completed by Disclosure Officer)		
1. <input type="checkbox"/> The attached information is furnished for tax year(s) _____.		
2. <input type="checkbox"/> No record of filing a return for tax year(s) _____.		
3. <input type="checkbox"/> No tax record exists for the previous five years under the account number provided.		
4. <input type="checkbox"/> The account number submitted needs to be verified for accuracy.		
5. <input type="checkbox"/> The account number provided is being used by another taxpayer.		
6. <input type="checkbox"/> Other _____.		
Fee Received	Fee Paid in Full	Fee Due
Disclosure Officer Approval		Date Completed