

Request and Consent for Disclosure of Michigan 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 recoups cost for preparing 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 checked="" type="checkbox"/> Income Tax <input type="checkbox"/> SBT <input type="checkbox"/> MBT <input type="checkbox"/> CIT <input type="checkbox"/> SUW <input type="checkbox"/> Other _____				
Tax Year(s)		Tax Forms Any and all returns including all attachments		

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 Form 151, Authorized Representative Declaration.			
Appointee Name C D Services, Inc.	E-mail Address info@cdservicesinc.com	Telephone Number (248) 476-1700	
Address (Street) 24027 Research Drive	City Farmington Hills	State MI	ZIP Code 48335
Signature of Taxpayer OR Legal Representative		Date	
Signature of Taxpayer OR Legal Representative		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 # 19180 on the check. * Large requests will be assessed differently.		
First Year	\$ 5.00	\$5.00
Additional Year(s)	\$ 3.00 X _____	
FEE TOTAL		

Please allow 60 days for processing your request.
 Submit your request with payment to the following address:
 Michigan Department of Treasury
 Office of Privacy and Security, Disclosure Unit
 430 W. Allegan St.
 Lansing, MI 48922
 Telephone: (517) 636-4239

Treasury Use Only		
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"/>	The account number submitted needs to be verified for accuracy.	
4. <input type="checkbox"/>	The account number provided is being used by another taxpayer.	
5. <input type="checkbox"/>	Other _____	
Disclosure Office Approval		Date Completed
		Fee Received