

# Request and Consent for Disclosure of Michigan Tax Return Information

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 authorized 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	Email Address
Tax Type <input 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		

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. I understand that once the tax returns are furnished, the appointee is solely responsible for the privacy and security of the tax return information. <b>This authorization expires in six months and is not a substitute for a formal Form 151, Authorized Representative Declaration.</b>			
Appointee Name <b>Records Deposition Service</b>		Email Address requests@recdep.com	Telephone Number (248) 357-3330
Address (Street) P.O. Box 5054		City Southfield	State MI
Signature of Taxpayer OR Legal Representative		Date	Date
<input type="checkbox"/> Check this box if you prefer to have your request emailed back.			

PART 3: FEE SCHEDULE		
Authorized third parties must pay the fee described here. Payment for tax return information must accompany the request. Make checks payable to the State of Michigan and write index code # 19182 on the check. * Large requests will be assessed differently.		
<b>First Year</b>	\$ 5.00	\$5.00
<b>Additional Year(s)</b>	\$ 3.00 X _____	
<b>FEE TOTAL</b>		

**Please allow 60 days for processing your request.**  
 The Disclosure Unit will only provide records once. Records will not be resent without submitting a new 4095 form and fee.  
 You must submit your request with payment to the following address, "Michigan Department of Treasury, Disclosure Unit does not issue invoices. Please wait 30 days from mailing to check the status of request.  
 Send this form to:  
 Michigan Department of Treasury  
 Privacy and Security, Disclosure Unit  
 P.O. Box 30832  
 Lansing, MI 48909  
 Email: [Treas\\_Disclosure@michigan.gov](mailto:Treas_Disclosure@michigan.gov)  
**Allow 60 days to process your request.**

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"/> Other _____	
4. <input type="checkbox"/> See attached 4374 form for additional information needed	
Disclosure Unit Approval Certification	Date Completed