

Refund Request for Prepaid Sales Tax on Gasoline

Issued under the authority of Public Act 167 of 1933. Filing is voluntary.

Business Name	Federal Employee Identification Number (FEIN)		
Business Address (No., Street)	City	State	ZIP Code

OVERPAYMENT DETAIL

Tax Reporting Period	Amount Overpaid
TOTAL OVERPAYMENT	

CERTIFICATION

I certify under penalty of perjury that I have examined this request and to the best of my knowledge and belief, it is true and correct.	
Authorized Signature	Telephone Number
Name and Title Printed	Date

Fax the completed form to (517) 636-4491 or mail to:
 Customer Contact Division
 Michigan Department of Treasury
 Lansing, MI 48922.

If you have questions, call (517) 636-4730.