

Stamping Agent Certification of Existing Equipment

Issued under authority of Public Act 327 of 1993.

A stamping agent must complete and submit this form to determine the number of heat-applied cigarette tax stamping machines owned by the stamping agent that qualify as "existing equipment" under MCL 205.427(13). Under MCL 205.427(3)(e), the maximum number of digital (pressure-applied) cigarette tax stamping machines that may be eligible for reimbursement cannot exceed the number of the stamping agent's "existing equipment." If you have questions regarding reimbursement requirements, please visit our website at www.michigan.gov/tobaccotaxes.

PART 1: STAMPING AGENT INFORMATION		
Name of Stamping Agent (include d/b/a if applicable)		Account Number (FEIN, ME, or TR)
Street Address 1		Daytime Telephone Number
Street Address 2		Fax Number
City	State	ZIP Code

PART 2: IDENTIFICATION AND QUALIFICATION OF "EXISTING EQUIPMENT" UNDER MCL 205.427(13)

- Were you authorized by the Department to apply Michigan cigarette tax stamps to individual packs of cigarettes **as of** December 31, 2011?
 Yes No
- Do you **own** one or more heat-applied cigarette tax stamping machine(s) which was (were) used by you **prior to** January 1, 2012 to apply Michigan cigarette tax stamps to individual packs of cigarettes using stamp rolls of 30,000 stamps?
 Yes No
- If you answered "Yes" to question 2, identify each heat-applied cigarette tax stamping machine for which a "Yes" response was given by providing the information requested below under 3a to 3c for each machine. **For 3a, indicate whether the machine is currently owned, leased, or subject to a lease-to-own arrangement (or if none of these, indicate "Other").**

3a. Purchase Terms	3b. Make and Model Number of Machine	3c. Location of Machine (Address, City, State and ZIP Code)
1.		
2.		
3.		
4.		

PART 3: CERTIFICATION BY STAMPING AGENT

I declare under penalty of perjury that the information on this Form is true and complete to the best of my knowledge.

Printed Name of Officer, Member, Partner or Authorized Agent	Title
Signature of Officer, Member, Partner or Authorized Agent	Date

Return completed form to: **Michigan Department of Treasury
Tobacco Tax Unit
PO Box 30474
Lansing, MI 48909**

For Assistance Contact: **Michigan Department of Treasury
Tobacco Tax Unit
(517) 636-4630**

For faster processing, please fax a copy of the completed form to the Tobacco Tax Unit at (517) 636-4631.

TREASURY USE ONLY		
<i>Based upon the information provided by the Stamping Agent, the Department determines that the number set forth below is the maximum number of the Stamping Agent's heat-applied cigarette tax stamping machines that qualify as "existing equipment" for reimbursement purposes under MCL 205.427(3)(e).</i>		
Reviewed By		
Treasury Approval Signature	Printed Name	
Title	Date	Maximum No. of Machines Qualifying as "Existing Equipment"