

Parcel Number

Affidavit to Rescind Exemption of Eligible Manufacturing Personal Property Defined in MCL 211.9(m) and 211.9(n)

Issued under authority of Public Act 206 of 1893, as amended.

A person claiming an exemption under MCL 211.9n or MCL 211.9m shall rescind the claim of exemption by December 31 of the year in which the exempted property is no longer eligible by filing this Affidavit with the Assessor of the local unit where the Eligible Manufacturing Personal Property is located.

To properly file the rescission, fully complete this Affidavit and file it with the Assessor of the local unit.

Assessor Note: The assessor shall annually transmit the Affidavit to Rescind Exemption of Eligible Manufacturing Personal Property to the Department of Treasury no later than April 1.

Local Unit of Government Information		
Name of Local Unit of Government where Personal Property is Located		
City: _____ Township: _____ Village: _____		
County Name	Local Unit Assessor Name	
List all Real Property Parcel Numbers where the Personal Property Reported on this Form is Located (attach list as necessary)		
Property Owner Information		
Taxpayer Name	Company Name	
E-mail Address	Telephone Number	
Street Address	City, State, ZIP Code	
FEIN Number	Year the Original Affidavit/Statement (Form 5278) was Filed with Local Unit	
Assumed Names Used by Legal Entity, if any		
Indicate the Nature of Your Business Organization (check one only)		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Co. MI ID # _____ <input type="checkbox"/> Corporation MI ID # _____ <input type="checkbox"/> Partnership		
Company Certification		
1. I certify that am the owner of the Eligible Manufacturing Personal Property or I am the duly authorized agent (must attach a letter of authority). 2. I certify that the Eligible Manufacturing Personal Property exemption as defined by MCL 211.9m(8)(c) and/or MCL 211.9(7)(c) that was previously claimed on Form 5278 is no longer eligible for exemption and request that the exemption be rescinded.		
Printed Name	Signature	Date
Indicate the Appropriate Title of the Person Certifying this Affidavit		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Managing Member <input type="checkbox"/> Agent (attach letter of authority)		