NOTICE OF TESTING REQUIREMENTS

For the 2024 testing season, testing of this developer-supported form is required even if there are no changes from the prior year. Consult the "Tax Year 2024-25 Miscellaneous Guidelines" for instructions on submitting miscellaneous forms. Failure to test this form could result in rejection of Michigan tax returns (e-file and paper) generated by your software and filed by your customers.

This change to testing expectations is the result of an annual review of the e-file and substitute form programs and procedures of the Michigan Department of Treasury. We appreciate your patience and cooperation as we work together to provide exceptional products to our mutual customers, the taxpayers of the State of Michigan.

Standard testing requirements still apply to all miscellaneous forms unless otherwise noted.

	Direct Debit of Indiv	vidual Income	Tax Daymont	
	281 of 1967 and Public Act 284 of 1964, a		lax Payment	
-	SURY: RETAIN FOR YOUR			
MICHIGAN Direct Debit of Indiv	<i>idual Income Tax Payment</i> (Form 54	172) provides a record of t	the direct debit request included in the	Michigan and/or City
of Detroit electronic return subm	nission. Do not use Form 5472 to ma	ke payments to the Michie	gan Department of Treasury.	
1. Filer's First Name	M.I. Last Name		2. Filer's Full Social Security No. (Ex	ample: 123-45-6789)
				_
If a Joint Return, Spouse's First Na	ime M.I. Last Name		3. Spouse's Full Social Security No.	(Example: 123-45-6789)
Submission Identification Number				
DIRECT DEBIT DETAILS	2			
4. Name of Financial Institu	ution			
5. Routing Transit Number				
6. Account Number			_	
7. Type of Account	(a) Checking	(b) Savings		
	·····			
8. Requested Debit Date (M	/M-DD-YYYY)			
9. State Individual Income 1	Tax Payment			00
10. City of Detroit Individual	Income Tax Payment			00
11. Total. Add lines 9 and 10	D	DE	BIT AMOUNT 11.	00
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		t information about abo	va outhorizoo tha Michigon Donorta	
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