4 5 6 7 8 9 10 11 12 13	14 15 16 17 18 19	20 21 22 23 24 25	26 27 28 29 30	31 32 33 34 35 36	37 38 39 40	41 42 43 44 45 46 47	48
Aichigan Department of Treasury 589 (Rev. <mark>04-23</mark> )		04-26	5-23 dra	aft			
2023 MICHIGAN Bussued under authority of Public Act 36 of				_			
NSTRUCTIONS: The assignor ne mailing address below. After ssignment form to the assigner contact Treasury at 517-373-96	er processing, Tre ee named in Part	asury will return th 2 and/or Part 3 for	is assignment f	orm to the assigno	or, who mus	st distribute a copy of	this
ART 1: ASSIGNOR IDEN	TIFICATION						
1. Assignor Name				2. Federal Employer	Identification N	umber (FEIN) or TR Numbe	er
Street Address				3. Project Number	4	. Tax Year End (MM-DD-YY)	(Y)
City	State ZIP/Postal Code Country Code			5. Date Project was Certified as Completed (MM-DD-YYYY)			
not assigning/reassigning	the Film Produc	tion Credit, skip t	o PART 3.	<u>.                                    </u>			
ART 2: FILM PRODUCTION  6. a. Original Assignment  7. Credit amount from Post-P	t b. Reas	signment e of Completion prov	ided by the Michi	gan Film Office (orig	inal		
Credit amount from Post-Production Certificate of Completion provided by the Michi assignment) or credit amount from the immediately prior in time assignment form (re     B					E	00	
Assignee Account Number (FEIN or TR Number)		Assignee Name			% of Credit to be Assigned	_	D 0
not assigning/reassigning  ART 3: FILM INFRASTRU  9. a. Original Assignment  10. Film Infrastructure Credit a amount from the immediate	UCTURE CRED t b. Reas	<b>DIT</b> signment nent Expenditure Cer	tificate (original a		: 10.		00
11. <b>A</b>		В	, , , , , , , , , , , , , , , , , , , ,	С	D	E	
Assignee Account Number (FEIN or TR Number)		Assignee Name		Date Assignee's Tax Year Ends (MM-DD-YYYY)	% of Credit to be Assigned	Assigned Credit Multiply line 10 by column	n D.
	TITIO 4 TION						
PART 4: ASSIGNOR CER		accurate					$\neg$
Authorized Signature for Tax Matters				Date	Contact Phone Number		
Authorized Signer's Name (print or type)				Title			
PART 5: TREASURY APP	ROVAL						
Authorized Signature			Date				
Authorized Signer's Printed Name				Authorized Signer's Title			