Reset Form

Michigan Department of Treasury
5224 (11-14)

Michigan IFTA Service/Licensing Agency Application

INSTRUCTIONS: Complete all required fields below. Sign the application before submitting to the fax or mailing address listed below. Please allow 30 days for processing.

*** Required Fields**

* 1. Type of Tax Identification Number being used **(Check ONLY ONE)**

☐ Social Security Number (SSN)

☐ Federal Employer Identification Number (EIN)

* 3. Type of Business Ownership **(Check ONLY ONE)**

☐ Owner/Operator (Individual) ☐ Limited Liability Corporation (LLC)

☐ Corporation ☐ Limited Liability Corporation (LLP)

☐ Partnership ☐ Religious

☐ Non-Profit Corporation

* 2. SSN or EIN

*4.a Business Telephone Number

( ) -

*Phone Country

4.b Business Fax Number

( ) -

Phone Country

* 5. Complete Company Name (include, if applicable, Corp., Inc., P.C., L.L.C., etc.)

7.a Primary Contact Person

6. Assumed Name or DBA (if used)

* 7.b Primary Phone

( ) -

Phone Country

* 8. Mailing Address (Number and Street)

* 7.c Primary E-Mail

City, State, ZIP Code

Country

* 9. Physical Address (**Do NOT** include P.O. Box)

City, State, ZIP Code

Country

* 10. Do you currently manage any licensed Michigan IFTA accounts?

☐ Yes ☐ No

If Yes, please attach Treasury Form 151: *Authorized Representative Declaration (Power of Attorney)* for each taxpayer you currently represent.

* 11. Is the above listed entity (individual or company) currently licensed for IFTA in Michigan as a carrier?

☐ Yes ☐ No

This form is a one-time application to set up the demographics of the service/licensing agency. Completion of this form is not necessary each time the service/licensing agency requires access to a particular IFTA account. When this form is processed, the primary contact for the service/licensing agency is notified by email verifying the Agency is approved for the next steps. **Please attach Form 151: *Authorized Representative Declaration (Power of Attorney)* for each company/individual you currently represent. The Form can be found on our website at www.michigan.gov/IFTA under the "Search for Michigan Department of Treasury Tax Forms" link. Please fax completed forms to (517) 636-4593 or mail to:**

Michigan Department of Treasury
Special Taxes Division – IFTA Unit
P.O. Box 30474
Lansing, MI 48909-7974

Please enter the Name and Telephone number of the person submitting this application.

* 12.a Name (Last, First, Middle Initial)

* 12b Business Title

* 12.c Signature

* 12.d Telephone Number

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