

City of Detroit Electronic Funds Transfer (EFT) Debit Application, Account Update

Complete this form if you intend to file City of Detroit taxes electronically. This form is to be used to apply for a user code, declare your intention to remit payments using an existing EFT user code, or update account information.

To apply for a user code: Complete Part 1, Part 2, Part 4, Part 5 and Part 6.

To pay city tax with an existing EFT user code (either for Michigan taxes or another City of Detroit tax): Complete Part 1 (including the existing User ID Code), Part 2, Part 4 and Part 5.

To update account information (including deleting tax information): Complete Part 1, Part 2 (to add a tax not included in a previously filed Form 5473), Part 3 (to delete a tax), Part 4 and Part 5.

Mail to: Michigan Department of Treasury, City Tax Administration, PO Box 30741, Lansing MI 48909.

PART 1: ACCOUNT INFORMATION			
Taxpayer Name		Taxpayer Identification Number (FEIN or TR Number)	
Address	City	State	ZIP Code
Contact Person			
Contact E-mail Address	Contact Telephone Number	Contact Fax Number	
Enter the User ID Code in the field at right <u>only if you have an existing code</u> . Check the tax in Part 2 for which you which to apply the code.			User ID Code (5 or 6 digits)
PART 2: TAX INFORMATION			
Tax Type and Tax Code (check all that apply)			
<input type="checkbox"/> Detroit Corporate Income Tax Estimate (02110)	<input type="checkbox"/> Detroit Income Tax Withholding Monthly (01115)		
<input type="checkbox"/> Detroit Corporate Income Tax Annual (02610)	<input type="checkbox"/> Detroit Income Tax Withholding Annual (01120)		
PART 3: DELETING TAX INFORMATION — Complete <u>only</u> if deleting a tax to be remitted by EFT debit.			
Tax Type and Tax Code (check all that apply)			
<input type="checkbox"/> Detroit Corporate Income Tax Estimate (02110)	<input type="checkbox"/> Detroit Income Tax Withholding Monthly (01115)		
<input type="checkbox"/> Detroit Corporate Income Tax Annual (02610)	<input type="checkbox"/> Detroit Income Tax Withholding Annual (01120)		
PART 4: AUTHORIZATION			
If you are interested in making EFT debit payments for the taxes selected above, you must give written permission to access the bank account you have designated to withdraw your authorized funds. You may do this by providing your signature below.			
<i>I authorize the State of Michigan and its authorized contractor, on behalf of the City of Detroit, to make variable withdrawals by electronic transfer from the designated financial institution and account. I understand that only the withdrawals I authorize will be made and that this process is protected by a password and a user code. I understand that I may cancel this authorization at any time by sending a written notice to the address noted below. I agree to comply with the National Automated Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law. If multiple signers are required to authorize a withdrawal of funds, all must sign this form.</i>			
Printed Name of Responsible Officer		Title	
Signature of Responsible Officer		Date	
PART 5: CERTIFICATION			
Complete this section if you are not currently registered to pay Detroit Corporate Income Tax or Detroit Income Tax Withholding by EFT, and have checked the box in Part 2 to begin remitting one or more of these taxes by EFT. Be aware of officer, member or partner liability as provided in Michigan Compiled Laws 205.27a(5): <i>"If a corporation, limited liability company, limited liability partnership, partnership, or limited partnership liable for taxes administered under this act fails for any reason to file the required returns or pay the tax due, any of its officers, members, managers, or partners who the department determines, based on either an audit or an investigation, have control or supervision of, or responsibility for, making the returns or payments is personally liable for the failure"</i>			
Printed Name of Corporate Officer, Partner, or Member responsible for reporting and/or paying city taxes		Title	
Signature of Corporate Officer, Partner, or Member responsible for reporting and/or paying city taxes		Date	
PART 6: SECURITY VERIFICATION			
An answer to the question at right is required to complete the processing of your application. Retain a copy of your answer. A correct response is required when contacting Treasury's authorized contractor or completing certain updates to your account. You may change the security question and/or response after successfully accessing your account.		What school did you attend for sixth grade?	