

International Fuel Tax Agreement (IFTA) Account Update Request

Use this form to change the physical and/or mailing address on your online IFTA account. If additional space is needed for Part 2 and Part 3, use additional pages. This form must be signed and dated by a corporate officer, Power of Attorney contact/agent or owner **or it will not be processed.** To access your online account or for more information, visit michigan.gov/ifta or contact our office at 517-636-4580 or IFTA_Licensing@michigan.gov. Assistance is available using TTY through the Michigan Relay Service by calling 711.

PART 1: ADDRESS CHANGES		
Taxpayer ID (FEIN or TR Number)	IPC Account Number	Company or Owner/Operator Name
Old Mailing Address		New Mailing Address
Old Physical Address		New Physical Address
PART 2: OFFICER INFORMATION		
<input type="checkbox"/> Check this box if there are no changes to officer information <input type="checkbox"/> Check this box if all corporate officers are located at the new physical address		
Officer Name	Officer Title	Date of Birth
Social Security Number	Driver's License or State ID Number	State the Driver's License/ID was Issued
Old Physical Address		New Physical Address
Current E-mail Address(es)		Telephone Number(s)
PART 3: CONTACT INFORMATION		
A completed "Authorized Representative Declaration (Power of Attorney)" (Form 151) is required for all IFTA account contacts. <input type="checkbox"/> Check this box if there are no changes to contact information <input type="checkbox"/> Check this box if all contacts are located at the new physical address		
Contact Type and Name	Old Contact Address	New Contact Address
E-mail Address(es)		Telephone Number(s)
PART 4: CERTIFICATION		
Signature must be existing owner/officer of the account or a Power of Attorney Contact. I certify under penalty of perjury that the information supplied here is true and complete to the best of my knowledge. I understand that if any of the statements in this form are false or misleading, the Department of Treasury may demand immediate reimbursement for any funds spent based on my statements. I further understand that if any false or misleading statements were made with intent to defraud the State of Michigan, the Department of Treasury may request prosecution to the full extent of the law.		
Name (printed)		
Physical Signature of Current Officer/Owner		Date

Mail this form to: Michigan Department of Treasury, Special Taxes Division - IFTA, PO Box 30474, Lansing, MI 48909. Forms can also be faxed to 517-636-4593.