

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 the back of this page. This form must be signed and dated by a corporate officer, contact person, owner, or agent 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. Deaf, hearing or speech impaired persons should call 517-636-4999.

| PART 1: BUSINESS INFORMATION | | |
|---|----------------------|--------------------------------|
| 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 and Title | Old Physical Address | New Physical Address |
| E-mail Address(es) | | Phone Number(s) |
| PART 3: CONTACT INFORMATION | | |
| <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 Physical Address | New Physical Address |
| E-mail Address(es) | | Phone Number(s) |
| PART 4: CERTIFICATION | | |
| <i>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.</i> | | |
| Name (printed) | | |
| Signature | | Date |

Mail this form to: **Michigan Department of Treasury**
Special Taxes Division – IFTA
PO Box 30474
Lansing, MI 48909

Fax to: 517-636-4593