Michigan Department of Treasury Form 151, Power of Attorney
Guideline on How to Fill Out Form (Rev. 07-19)

Authorized Representative Declaration (Power of Attorney)

INSTRUCTIONS: Use this form to authorize the Michigan Department of Treasury to communicate with a named individual or entity acting on your behalf. Also use this form to designate a representative to receive copies of correspondence regarding a particular tax dispute (other than City Income Tax). All information designated as "required" must be supplied for this authorization to be effective.

PART 1: TAXPAYER OR DEBTOR INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxpayer's Name</td>
<td>☑</td>
<td></td>
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<tr>
<td>Taxpayer or Business Address</td>
<td>☑</td>
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<tr>
<td>Taxpayer's Social Security Number</td>
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<tr>
<td>Taxpayer's E-mail Address</td>
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<td>FEIN or TR Number</td>
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<td>Daytime Telephone Number</td>
<td>☑</td>
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<tr>
<td>Fax Number</td>
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PART 2: REVOCATION OF AUTHORITY

To revoke the authority of your current representative, check the applicable box in this section. Check only ONE box.

- ☐ I revoke at prior authorizations. I will represent myself.
- ☐ I revoke prior authorizations in the matter/issue listed in Part 4 and/or Part 5. I will represent myself.
- ☐ I revoke prior authorizations in the matter/issue listed in Part 4 and/or Part 5. I appoint a new representative in Part 3 who is authorized under Part 4 and/or Part 5.

PART 3: REPRESENTATIVE APPOINTMENT

Your representative may be an entity or an individual. If you designate an entity you must also provide an individual as a contact. If no start date is indicated the authorization is effective as of the date this form is signed. If no expiration date is indicated the authorization is effective until revoked.

Authorized Representative’s Name (Required)

Contact Name (Required if an entity is named)

Client Service Representative

Authorized Representative’s Address (Required)

Telephone Number (Required)

Fax Number

Authorization Start Date (mm/dd/yyyy)

Authorization Expiration Date (mm/dd/yyyy)

Authorized Representative’s E-mail Address

NOTE: Please send POA to Tax_Authorization@adp.com or ADP Customer Service Rep. This email address is for the agency to contact ADP.

PART 4: TYPE OF AUTHORITY

If you check a box, you authorize your representative to act in that capacity.

☐ 1. Receive and inspect confidential information (upon request only). (To have your representative receive copies of all future letters and notices involving a tax dispute [other than City Income Tax], you must complete Part 5.)
☐ 2. Make oral or written presentation of fact or argument.
☐ 3. Sign returns.
☐ 4. Enter into agreements.
☐ 5. All of the above.

You may restrict authority in boxes 1-4 to a specific matter (Not required)

Tax Type, Debt or Fee

Year(s) or period(s)

Withholding

PART 5: REQUEST COPIES OF LETTERS AND NOTICES REGARDING A TAX DISPUTE (other than City Income Tax)

☐ By checking this box, you are directing Treasury to send a copy of all future letters and notices involving a particular tax dispute to your representative named in Part 3 under section 8 of the Revenue Act (MCL 205.8). This dispute is for year(s) or period(s): ______. The tax dispute is for year(s) or period(s): ______. (Tax and year(s) or period(s)

You may restrict authority in box 5 (other than City Income Tax) to a specific matter (Not required)

PART 6: TAXPAYER OR DEBTOR AUTHORIZATION

By signing this form, I authorize Treasury to communicate with my representative consistent with the authority granted.

Signature (Required)

Print Name (Required)

Title (Required) (if a business)

Date (Required)

Spouse's signature

Print Name

Title (Required)

Care (Required if spouse signs)

TREASURY USE ONLY

☐ Accepted

☐ Rejected

Division Name

Reviewer Initials