

Michigan Department of Treasury
Form 151, Power of Attorney
Guideline on How to Fill Out Form (rev. 12-18)

Michigan Department of Treasury
151 (Rev. 06-17)

Issued under authority of Public Act 122 of 1941.

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			
Taxpayer's Name and Address (Required) <small>If a business, include any DBA, trade or assumed name. If filing joint return, include spouse's name.</small>	FEIN, ME or TR Number (Required for business taxes)		
Taxpayer's Social Security Number (Required if no FEIN ME or TR Number listed)	Spouse's Social Security Number		
Taxpayer's E-mail Address	Daytime Telephone Number (Required)	Fax Number	
PART 2: REVOCATION OF AUTHORITY			
To revoke the authority of your current representative, check the applicable box in this section. Check only ONE box.			
<input type="checkbox"/> I revoke all prior authorizations. I will represent myself.			
<input type="checkbox"/> I revoke prior authorizations in the matter/dispute listed in Part 4 and/or Part 5. I will represent myself.			
<input type="checkbox"/> I revoke prior authorizations in the matter/dispute listed in Part 4 and/or Part 5 and appoint a new representative in Part 3 who is authorized under Part 4 and/or 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 and Address (Required) ADP Tax Services, Inc., a wholly-owned subsidiary of ADP, LLC 400 W. Covina Blvd. San Dimas, CA 91773	Contact Name (Required if an entity is named) Client Service Rep		
Telephone Number (Required) 877-706-0510	Fax Number (909) 305-6329		
Authorization Start Date (mm/dd/yyyy)	Authorization Expiration Date (mm/dd/yyyy)		
Authorized Representative's E-mail Address tfsagency.commteam@adp.com			
PART 4: TYPE OF AUTHORITY			
If you check a box, you authorize your representative to act in that capacity.			
<input checked="" type="checkbox"/> 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.)			
<input type="checkbox"/> 2. Make oral or written presentation of fact or argument.			
<input checked="" type="checkbox"/> 3. Sign returns.			
<input type="checkbox"/> 4. Enter into agreements.			
<input type="checkbox"/> 5. All of the above.			
You may restrict authority in boxes 1-4 to a specific matter (Not required)			
Tax Type, Debt or Fee Withholding		Year(s) or period(s)	
PART 5: REQUEST COPIES OF LETTERS AND NOTICES REGARDING A TAX DISPUTE (other than City Income Tax)			
<input type="checkbox"/> By checking this box, you are directing Treasury to send a copy of all future notices and letters involving a particular tax dispute to your representative named in Part 3 under section 8 of the Revenue Act (MCL205.8). This dispute is for year(s) or period(s) _____ and Tax (income tax, sales tax, use tax, etc.) _____ (Tax and year(s) or period(s) are both required if this box is checked.)			
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	Date (Required if spouse signs)
TREASURY USE ONLY			
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		Division Name	Reviewer Initials

Part 1 Required Fields: Name & Address, FEIN or ME or TR number, Phone Number.

Part 2: Only required if you need to revoke authority.

Part 3 Required Fields: Fill in part 3 with ADP's info as shown. Contact Name should be Customer Service Rep. Be sure to enter Authorization Start Date, but do NOT enter expiration date.

Part 4 Required Fields: Place an "X" in box 1 and 3. Enter "Withholding" in Tax Type box.

Part 6 Required Fields: Signature, Print Name, Title and Date

SSN only required if FEIN, ME or TR number not provided

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

Part 5: Do not check the box in Part 5.