MI SIT POA Form Completion Guidelines

Part 1
- Required Fields: Name & Address, FEIN, ME, or TR number, and phone number.
- SSN is only required if FEIN, ME, or TR number not provided.

PART 1: TAXPAYER OR DEBTOR INFORMATION		
Taxpayer's Name **(Required)** If a business, include any DBA, trade or assumed name. If filing joint return, include spouse's name.	FEIN, ME or TR Number **(Required for business taxes)**	
Taxpayer or Business Address **(Required)**	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	Fax Number

Part 2
- This section is **only** required if you need to revoke authority.

PART 2: REVOKE PREVIOUS AUTHORIZATION		
To revoke the authority of your current representative, check the applicable box in this section.		
☐ 1. I revoke all prior authorizations. I will represent myself.		
☐ 2. I revoke prior authorizations in the matter(s) listed here:	Tax Type(s), Debt Type, or Fee	Tax Year(s)/Period(s)
☐ 3. I revoke prior authorizations directing Treasury to send copies to my representative for dispute(s) listed here:	Tax Type(s)	Tax Year(s)/Period(s)

Part 3
- Fill in with ADP's address information. Fill in "Contact Name" with "TAX CENTER REPRESENTATIVE"
- Enter Authorization Start date. **DO NOT** enter expiration date.
- **NOTE:** Send POA to Tax.Authorization@ADP.com or to an ADP Customer Service representative. This email address is for the agency to contact ADP.

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)** ADP TAX SERVICES, INC	Contact Name **(Required if an entity is named)** TAX CENTER REPRESENTATIVE	
Authorized Representative's Address **(Required)** 400 W COVINA BLVD SAN DIMAS, CA 91773	Telephone Number **(Required)** (877) 706-0510	Fax Number
	Authorization Start Date (mm/dd/yyyy)	Authorization Expiration Date (mm/dd/yyyy)
	Authorized Representative's E-mail Address tfsagency_commteam@adp.com	

Part 4

- Check boxes 1-3. Enter "Withholding" in the "Tax Type" box.

PART 4: TYPE OF AUTHORITY	
If you check a box, you authorize your representative to act in that capacity.	
☒ 1. Receive and inspect oral or written 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.	You may restrict authority in boxes 1-4 to a specific matter. (Not required.)
☒ 3. Sign returns.	Tax Type(s), Debt Type or Fee: WITHHOLDING / Year(s)/Period(s)
☐ 4. Enter into agreements.	

Part 5

- **DO NOT** check the first box in this section.

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 notices and letters involving a particular tax dispute to your representative named in Part 3 under section 8 of the Revenue Act (MCL 205.8). Enter the tax (income tax, sales tax, use tax, etc.) and year(s) or period(s) in the fields at right. (Tax and year(s) or period(s) are both **required** if this box is checked.)	Tax Type	Tax Year/Period
	Tax Type	Tax Year/Period
	Tax Type	Tax Year/Period

Part 6

- Fill the Signature, Print Name, Title, and date fields.

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			
☐ Accepted ☐ Rejected		Division Name	Reviewer Initials

Questions? Feedback?

Feedback:
>   OneTaxComplianceFeedback@adp.com