

Authorized Representative Declaration (Power of Attorney)

Detailed instructions on page 2.

NOTE: All information designated as "required" must be supplied for this authorization to be effective. Use Part 2 to revoke previous authorizations in total or in part. To add a new representative Part 3 must be completed along with at least one box from Parts 4 or 5.

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: REVOKE PREVIOUS AUTHORIZATION			
To revoke the authority of your current representative, check the applicable box in this section.			
<input type="checkbox"/> 1. I revoke all prior authorizations. I will represent myself.			
<input type="checkbox"/> 2. I revoke prior authorizations in the matter(s) listed here:			
	Tax Type(s), Debt Type, or Fee	Tax Year(s)/Period(s)	
<input type="checkbox"/> 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: 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)		
AUTOMATIC DATA PROCESSING	TAX CENTER REPRESENTATIVE		
Authorized Representative's Address (Required)	Telephone Number (Required)	Fax Number	
400 W COVINA BLVD SAN DIMAS CA 91773	(877) 706-0510		
	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 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.)			
<input checked="" type="checkbox"/> 2. Make oral or written presentation of fact or argument.			
You may restrict authority in boxes 1-4 to a specific matter. (Not required.)			
<input checked="" type="checkbox"/> 3. Sign returns.			
Tax Type(s), Debt Type or Fee			
Year(s)/Period(s)			
<input type="checkbox"/> 4. Enter into agreements.			
WITHHOLDING			
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 (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: 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