Electronic Funds Transfer (EFT) Credit Application

Issued under P.A. 122 of 1941. Filing is mandatory if you wish to pay by EFT.

INSTRUCTIONS: Use this form to notify us that you intend to file electronically. You may begin electronic filing after you receive our approval. Voluntary EFT filers will be required to transmit their tax monthly.

Taxpayer Name (Type or Print)				Taxpayer Identification Number		
Address			State		ZIP code	
Contact Person	Contact Person Telephone Number			Contact Person Fax Number		
Indicate the type of tax(es) you will be paying	by EFT:					
Tax Type and Tax Code						
Witholding - Employer and Retirement (01100)			Corporat	e Income	Гах Estimates	(02170)
Michigan Business Tax Extensions (02355)			Corporate Income Tax Extensions (02370)			
Michigan Business Tax Annual (02655)			Flow Thr	ough Withl	nolding Corpo	ration Quarterly (02010)
Single Business Tax Annual (02671)				low Through Withholding Individual Quarterly (02020)		
Sales Tax (04200)		Flow Thr	Through Withholding Annual (02675)			
Use Tax on Sales and Rentals (04400)	Use Tax on Purchases (04500)				ses (04500)	
The Michigan Department of Treasury will approve req Payments of Michigan Sales, Use, Withholding, and M dollar or \$.01 transmission, completely formatted) before Authorization for EFT Credits I agree to follow the formats adopted by the Michigan	lichigan Business Tax ore actual filing can be Department of Treas	kes Using EF egin.	T Credits.	We recom	mend you ele	ctronically send a test (zero
to notify Treasury in advance of any change in my filir	ng method.					
Signature of Responsible Officer		Title				Date
Please be aware of officer, member or partner liability	as provided in Michig	an Compiled	Laws 205	.27a(5):		
"If a corporation, limited liability company, limited act fails for any reason to file the required return determines, based on either an audit or an inverpersonally liable for the failure"	ns or pay the tax due,	any of its off	ficers, men	nbers, mar	nagers, or part	tners who the department
CERTIFICATION						
Corporations, partnerships, LLP's or LLC's must comp must be resubmitted when there is a change in the ind					,	mber or partner certification
Check the appropriate box: New Application	Recertific	ation - chang	e in individ	dual respor	nsible for Mich	nigan taxes
Signature of Corporate Officer, Partner, or Member responsible for reporting and/or paying Michigan Taxes					Date	
Type or Print		Title				
All information requested above must be complete and Michigan Department of Treasury for approval. Once a processing.						
TREASURY USE ONLY						
Treasury Approval						Date

If you have any questions, contact the Michigan Department of Treasury at (517) 636-4730. You may fax this form to (517) 636-4356, or mail this form to: Michigan Department of Treasury Sales, Use and Withholding Taxes