IFTA Request for Cancellation of Account

ACCOUNT INFORMATION

Company/Individual Name	Taxpayer ID (FEIN or TR Number)	IPC Account Number
Address	City, State, ZIP Code	
Contact Person Name	Telephone Number	

CANCELLATION

If your cancellation request has been approved, you must destroy all decals and licenses for the account. **MCL 207.215(7) provides: "If a licensee ceases to engage in business within this state, the licensee shall notify the department in writing within 15 days after discontinuance."**

I wish to cancel my IFTA account effective _____ for the following reason(s):

☐ I am leased with a company that provides IFTA licensing and tax reporting. **Attach complete lease agreement.**

Company Name I am Leased to	Lease Start Date
Address	City, State, ZIP Code
Jurisdiction of Decals Supplied by Lease Company	Decal Number(s) (attach additional sheets if necessary)

☐ I am no longer in the trucking business.

☐ I am incorporated and filing under a new account number. My new IFTA account number is _____

☐ Other (explain) _____

CERTIFICATION

I have destroyed all IFTA decals and license(s) for this account. I certify under penalty of perjury that the information supplied here is true and complete to the best of my knowledge. I understand that if any of the statements in this application are false or misleading, the Department of Treasury may demand immediate reimbursement for any funds spent based on my statements. I further understand that if any false or misleading statements were made with intent to defraud the State of Michigan, the Department of Treasury may request prosecution to the full extent of the law.

I agree I am liable for the filing of all tax returns due based upon the Department's effective cancellation date.

Printed Name	
Signature	Date

Mail this form:

Michigan Department of Treasury
Special Taxes Division - IFTA
P.O. Box 30474
Lansing, MI 48909

Any questions? Call 517-636-4580.
Deaf, hearing or speech impaired persons should call 517-636-4999 (TDD).