

2016 MICHIGAN e-file Authorization for Business Taxes MI-8879

Do not send this form to the Michigan Department of Treasury. Keep this form for your records. See instructions.

Return is for calendar year 2016 or for tax year beginning:	MM-DD-YYYY	and ending:	MM-DD-YYYY
Company Name		Federal Employer Identification Number (FEIN)	

PART 1: TAX RETURN INFORMATION — The taxpayer should obtain and keep a copy of the return.

Corporate Income Tax (CIT) or Michigan Business Tax (MBT) Annual Return

1. Tax due	1.		00
2. Credit forward	2.		00
3. Refund	3.		00

PART 2: OFFICER OR PARTNER DECLARATION AND E-FILE AUTHORIZATION

I declare, under penalty of perjury, that I am an officer or partner of the above company and that I have examined a copy of my electronic business tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part 1 above are the amounts from my electronic business tax return. I consent to allow my intermediate service provider (ISP), transmitter, or electronic return originator (ERO) to send my return to the IRS and subsequently by the IRS to the Michigan Department of Treasury. I also consent to the Michigan Department of Treasury sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether the return is accepted or rejected.

PIN Authorization (Check one box only)

☐ I authorize the identified ERO Firm to enter or generate my PIN as my authorization for my tax year 2016 electronically filed tax return. (The ERO must complete Part 3.)

ERO Firm Name

☐ I will enter my PIN as my authorization for my tax year 2016 electronically filed tax return.

PIN (Enter five numbers, but do not enter all zeros)

Authorized Signature for Tax Matters

Date

Authorized Signer's Name (print or type)

Title

PART 3: ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER DECLARATION

I declare, under penalty of perjury that I have reviewed the above taxpayer's return, accompanying schedules and statements and that the entries on this form are complete and correct to the best of my knowledge, either as the ERO, ISP or Paid Preparer. If I am only an ISP, I understand that I am not responsible for reviewing the taxpayer's return. I declare however, that this form accurately reflects the data on the return. I have obtained the taxpayer's signature on this form before transmitting this return to the IRS and subsequently by the IRS to the Michigan Department of Treasury. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the Michigan Department of Treasury. I have followed all other requirements described in Publication 3112, IRS e-file Application and Participation, Publication 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns, and any requirements specified by the Michigan Department of Treasury.

ERO Signature

Date

Firm Name (or name of ERO, if self-employed)

FEIN or PTIN

Address

City

State

ZIP Code

If I also am the Paid Preparer, I declare under penalty of perjury that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

Preparer's Signature

Date

Preparer's Name (print or type)

FEIN or PTIN

Address

City

State

ZIP Code