

S U S A N

C O M B S

Texas Application for International Fuel Tax Agreement License

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS



GENERAL INFORMATION

Who Must Submit This Application - Any Texas based entity operating qualified motor vehicle(s) in two or more International Fuel Tax Agreement (IFTA) jurisdictions may obtain a Texas IFTA license in lieu of obtaining trip permits to satisfy their motor fuels tax obligations to other jurisdictions. To be issued a Texas IFTA license, Texas must be your base jurisdiction.

For Assistance - If you have any questions about this application, filing tax returns or any other tax-related matter, contact the Texas State Comptroller's office at 1-800-252-1383 or 512-463-4600.

General Instructions -

- Write only in white areas.
- Please do not separate pages.
- Do not use dashes when entering Social Security number (SSN), federal Employer Identification Number (EIN), Texas taxpayer or Texas vendor identification numbers.
- Complete this application and mail to: Comptroller of Public Accounts
111 E. 17th St.
Austin, TX 78774-0100

Federal Privacy Act - Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.

SPECIFIC INSTRUCTIONS

Item 1 - Sole owner: Enter the first name, middle initial and last name.

Partnership: Enter the legal name of the partnership.

Corporation, limited liability company, association: Enter the legal name exactly as it is registered with the Secretary of State.

Other legal entity: Enter the title of the organization.

Item 2 - Enter complete mailing address where you wish to receive mail from the Comptroller of Public Accounts. If you wish to receive mail at a different address for other taxes, attach a letter with other addresses.

Item 4 - Enter the nine-digit EIN assigned to your entity by the Internal Revenue Service.

Item 7 - If you have a Texas taxpayer number for reporting another type of tax, enter that number. *(Use only the first 11 digits of this number.)*

Item 8 - Ownership: Check the appropriate box by the type of organization.

Item 9 - Texas Entity: Enter the file number assigned by the Secretary of State and the file date.

Item 10 - Foreign Entity (*chartered outside of Texas*): Enter the state or country of formation, the charter/file number and the Texas Secretary of State file number and date.

Item 11 - Limited Partnership: Enter the state in which the partnership is registered and the identification number.

Item 12 - Partnership: Enter information for all partners.

Corporation or Other Organization: Enter the information for the principal officers (president, vice-president, secretary).

If the applicant does not have a Social Security number, enter the Individual Taxpayer Identification Number (ITIN) or other number assigned by the federal government for use when filing federal income tax returns.

Item 19 - Enter the actual physical address of your business. Do not use P.O. Box or rural route number. If more than one location, attach a separate sheet.

Item 23 - Do not complete this application if you have a written lease agreement in your files that clearly states the lessor is responsible for filing your Texas IFTA reports.

If the lease agreement does not clearly state who is responsible for filing Texas IFTA reports, the reporting responsibility defaults to the owner of the vehicle (lessor).

Item 30 - Check the appropriate block(s). You must identify each fuel type used.

Item 31 - Check each jurisdiction in which you operate a qualified motor vehicle.

DEFINITIONS:

Qualified Motor Vehicle means a vehicle registered in Texas –

- with two axles and registered gross vehicle weight (GVW) exceeding 26,000 pounds; or
- having three or more axles; or
- used in combination when the registered GVW exceeds 26,000 pounds.

Qualified Motor Vehicle does not include recreational vehicles.

Recreational Vehicle means vehicles such as motor homes, pickup trucks with attached campers, and buses when used exclusively for personal pleasure by individuals. The vehicle may not be used in connection with any business endeavor.

Registration means the qualification of motor vehicles normally associated with a prepayment of license plate and registration card or temporary registration containing owner and vehicle data.

Base Jurisdiction means the jurisdiction where qualified motor vehicles are based for vehicle registration purposes and where the operational control and records of the qualified motor vehicles are maintained or can be made available.

Texas Application for International Fuel Tax Agreement (IFTA) License

• Please read instructions. • Type or print. • Do not write in shaded areas.

TAXPAYER IDENTIFICATION	1. Legal name of owner (Sole owner, partnership, corporation, limited liability company, association or other legal entity)	<input type="text"/>				
	2. Mailing address (Street and number, P.O. Box or rural route and box number)	<input type="text"/>				
	City	State	ZIP code	County		
	3. Enter the name and daytime phone number of the person primarily responsible for filing tax returns	<input type="text"/> • <input type="text"/> - <input type="text"/> - <input type="text"/>				
	Enter the email address of this person	<input type="text"/>				
	4. Enter your federal Employer Identification Number (EIN), if any, assigned to the owner entered in Item 1	1 <input type="text"/>				
	5. Enter your Social Security number (SSN) if you are a sole owner	<input type="text"/> - <input type="text"/> - <input type="text"/>				
OWNERSHIP	6. <input type="checkbox"/> Check here if you do not have either EIN or SSN.	3 <input type="text"/>				
	7. Enter your taxpayer number for reporting any Texas tax OR your Texas vendor identification number if you now have or have ever had one	<input type="text"/>				
	8. Indicate how your business is owned. <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Texas entity <input type="checkbox"/> Trust <small>(Submit a copy of trust agreement with application.)</small> <input type="checkbox"/> Foreign corporation <input type="checkbox"/> Limited partnership <input type="checkbox"/> Other (explain) <input type="text"/>					
	9. If your business is a Texas entity, enter the file number and date	File number	File date			
PROPRIETORS	10. If your business is a foreign entity, enter the state or country of formation, charter/file number, Texas Secretary of State file number and date.	State/country of formation	Charter/file number	Texas Secretary of State file number		
	11. If your business is a limited partnership, enter the home state, the partnership date and identification number	Home state	Partnership date	Identification number		
	12. List all general partners or principal officers of your business. (Attach additional sheets, if necessary.) If you are a sole owner, skip Item 12.					
SUCCESSOR INFORMATION	Name (First, middle initial, last)	SSN or ITIN	Title			
	Home address (Street and number, city, state, ZIP code)	Phone (Area code and number)				
	Name (First, middle initial, last)	SSN or ITIN	Title			
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	Name (First, middle initial, last)	SSN or ITIN	Title			
	Home address (Street and number, city, state, ZIP code)	Phone (Area code and number)				
	13. Enter the former owner's trade name. If known, enter the former owner's Texas taxpayer number.	Trade name	Taxpayer number of former owner			
	14. Enter the former owner's legal name. If known, enter the former owner's address and telephone number.	Legal name of former owner	Phone (Area code and number)			
	Address of former owner (Street and number, city, state, ZIP code)	<input type="text"/>				
SUCCESSOR INFORMATION	15. Check each of the following items you purchased.	<input type="checkbox"/> Inventory	<input type="checkbox"/> Corporate stock	<input type="checkbox"/> Equipment	<input type="checkbox"/> Real estate	<input type="checkbox"/> Other assets
	16. Enter the purchase price of the business or assets purchased and the date of purchase.	Purchase price	Date of purchase			
	\$	<input type="text"/>	<input type="text"/>			

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17. Legal name of owner (Same as Item 1) _____																																																																																																																																				
BUSINESS INFO.	18. Trade name (Actual name under which your business operates) _____ Business number (Area code and number) _____																																																																																																																																			
	19. Location of your business (Use street and number - NOT P.O. Box or Rural Route) _____ City _____ State _____ ZIP code _____ County _____																																																																																																																																			
	20. Name of bank or other financial institution (Attach additional sheets, if necessary.) _____ <input type="checkbox"/> Business <input type="checkbox"/> Personal																																																																																																																																			
	21. List Texas Apportioned License Cab Card account number from the Texas Department of Motor Vehicles _____																																																																																																																																			
LICENSE INFORMATION	22. If you do not have a Texas Apportioned License Cab Card account number, list your Texas license plate number _____																																																																																																																																			
	23. If you do not have a Texas Apportioned License Cab Card account number or a Texas license plate number, is your qualified motor vehicle leased? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," does your lease agreement specify that you are the responsible party for filing reports and paying the fuel tax? (See specific instructions for information about lease agreements.) _____ <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																			
	24. List your U.S. DOT number _____																																																																																																																																			
	25. Are you in a lease agreement and operating under another carrier's U.S. DOT number? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please list carrier's name and U.S. DOT Number _____ Name _____ DOT Number _____ Month _____ Day _____ Year _____																																																																																																																																			
	26. Requested effective date for IFTA license _____																																																																																																																																			
	27. IFTA decals will be issued for each of your qualified motor vehicles. Enter the number of motor vehicles requiring decals _____																																																																																																																																			
	28. Have you ever been issued an IFTA license from a jurisdiction other than Texas? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please list those jurisdictions and the year licensed _____																																																																																																																																			
	29. Has your IFTA license ever been suspended or revoked by a jurisdiction other than Texas? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please list those jurisdictions _____																																																																																																																																			
	30. Types of fuels used by your qualified motor vehicles (Check all that apply): <input type="checkbox"/> 01 - Diesel <input type="checkbox"/> 02 - Gasoline <input type="checkbox"/> 03 - Ethanol <input type="checkbox"/> 04 - Propane <input type="checkbox"/> 05 - CNG <input type="checkbox"/> 06 - A-55 <input type="checkbox"/> 07 - E-85 <input type="checkbox"/> 08 - M-85 <input type="checkbox"/> 09 - Gasohol <input type="checkbox"/> 10 - LNG <input type="checkbox"/> 11 - Methanol																																																																																																																																			
	31. Indicate with a check (✓) the jurisdictions in which you are operating, and in which you maintain bulk fuel storage (OP-Operate; BF-Bulk Fuel Storage)																																																																																																																																			
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Texas Application for International Fuel Tax Agreement (IFTA) License

- Please read instructions.
- Type or print.
- Do not write in shaded areas.

REPRESENTATIVE	32. Legal name of owner (Same as Item 1) • <input style="width: 95%; height: 20px;" type="text"/>																		
REPRESENTATIVE	33. Legal name of authorized agent/representative • <input style="width: 95%; height: 20px;" type="text"/> 34. Mailing address <input style="width: 95%; height: 20px;" type="text"/> City <input style="width: 30%; height: 20px;" type="text"/> State <input style="width: 10%; height: 20px;" type="text"/> ZIP code <input style="width: 20%; height: 20px;" type="text"/> Business number (Area code and number) <input style="width: 30%; height: 20px;" type="text"/>																		
SIGNATURES	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> 35. The sole owner, all general partners, corporation president, vice-president, secretary or treasurer or an authorized agent must sign this application. Representatives must submit a written power of attorney with application. <i>(Attach additional sheets if necessary.)</i> </div> <div style="width: 25%; text-align: right;"> Date of application Month Day Year <input style="width: 100%; height: 20px;" type="text"/> </div> </div> <p>Bonds are not generally required of first-time applicants. However, a bond may be required if an IFTA licensee has a history of not filing tax returns on time, not remitting tax due or other problems severe enough to indicate that a bond is required to protect the interests of all member jurisdictions.</p> <p>The applicant agrees to comply with reporting, payment, record keeping and license and decal display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that Texas may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member jurisdictions.</p> <p>I (We) certify that the information in this document and any attachment is true, accurate and complete to the best of my (our) knowledge. I (We) acknowledge that any falsification of document information subjects me (us) to civil and/or criminal sanctions of the state of Texas.</p> <div style="margin-top: 20px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Type or print name and title of sole owner, partner, officer or authorized agent</td> <td style="width: 5%; border: none; text-align: center; vertical-align: middle;">sign here ▶</td> <td style="width: 45%; border: none;">Sole owner, partner, officer or authorized agent</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">Type or print name and title of partner or officer</td> <td style="border: none; text-align: center; vertical-align: middle;">sign here ▶</td> <td style="border: none;">Partner or officer</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">Type or print name and title of partner or officer</td> <td style="border: none; text-align: center; vertical-align: middle;">sign here ▶</td> <td style="border: none;">Partner or officer</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td></td> <td style="border: 1px solid black;"></td> </tr> </table> </div> <p style="margin-top: 20px;">WARNING: You may be required to obtain an additional permit or license from the State of Texas or from a local governmental entity to conduct business. A listing of links relating to acquiring licenses, permits, and registrations from the State of Texas is available online at http://www.Texas.gov. You may also want to contact the municipality and county in which you will conduct business to determine any local governmental requirements.</p>	Type or print name and title of sole owner, partner, officer or authorized agent	sign here ▶	Sole owner, partner, officer or authorized agent				Type or print name and title of partner or officer	sign here ▶	Partner or officer				Type or print name and title of partner or officer	sign here ▶	Partner or officer			
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