

New York State Department of Taxation and Finance

New York State International Fuel Tax Agreement (IFTA) Application

F	Т	4	-	-2	1
				(5/	13)

1a	This application is for calendar year 1b Reason for application New Replacement license					For office	use only		
							\$	Number	
			Renewal	Additio	onal decals	;			
	2 Identification Employer identification number Suffix, if any Social security number						Deposit	number	
	number				SS		Dopoont		
			· · · · ·						
3	Type of business Sole proprietor/i	ndividual 🗌 Corporation	Partnership	LLC/LLP	Oth	er:			
4	Legal name					5 USD	5 USDOT number		
6	6 Doing business as (DBA) name, if different from legal name					7 Busir	ness phone nu	umber	
8	8 Physical address (number and street) 9 Mailing address (if different that					(al address: n) umber and stre	et or PO box)	
	,		3.1.1					,	
	City S	tate ZIP code	City			State	ZIP co	de	
10	Will you be traveling outside New York	State 2 11 Are you regist	arad for Now York	Stata highway	upp toy2		egistration nu	mbor	
10 Will you be traveling outside New York State? 11 Are you registered for New York State highway use tax?					use lax?		gistiation nu	IIIDEI	
	Yes No If No, see instructions								
13	Have you ever had an IFTA license from								
		(S):							
14	Do you have bulk fuel storage?								
	Yes No If Yes, list in wh	nich state(s):							
Decal order									
45	Number of IETA vehicles	v ¢0 por oot (and	aat baa twa daga		45				
15	Number of IFTA vehicles:	x مە per set (one s	set has two deca	15) =	15			.00	
16 Replacement license (\$2 fee; mark an X in the box if needed) and enter 2 on line 16				16	.00				
17	Total due (add lines 15 and 16; see	below for how to pay)			17			.00	

 Pay the fees (total due) 	 Make check or money order payable in U.S. funds
with this application	to Commissioner of Taxation and Finance

Certification: The applicant agrees to comply with reporting, payment, recordkeeping, and license-display requirements as specified in the New York State Tax Law and the International Fuel Tax Agreement. The applicant further agrees that New York State may withhold any refunds due if the IFTA applicant is delinquent on payment of fuel taxes due to any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of any IFTA license in all member jurisdictions.

I certify with my signature that to the best of my knowledge and belief, the information on this application is true, correct, and complete. I understand that any falsification may subject me to civil and criminal sanctions found in Tax Law section 1815, and Penal Law sections 175.35 and 210.45.

Type or print name of person signing	Title		
Signature of owner, partner, member, officer, or person authorized by attached P	Telephone number (with area code)	Date signed	
		()	

Mail application and payment to:

NYS TAX DEPARTMENT HUT/IFTA APPLICATION DEPOSIT UNIT W A HARRIMAN CAMPUS ALBANY NY 12227-0163