

Department of Taxation and Finance

## **New York State International Fuel Tax Agreement (IFTA) Application**



<b>1a</b> This application is for calendar year	<b>1b</b> Reason for application	New	Additional license	9	For office use only		
					\$	Number	
		Renewal	Additional decals				
2 Identification Employer identification	number Suffix, if any	Social Security n	umber		Deposit	number	
number							
3 Type of business							
4 Legal name of business				5 USDOT number			
6 Doing business as (DBA) name (if different from legal name)				7 Business phone number			
8 Physical address (number and street)  9 Mailing address (if different than physical address; number and street or PO box							
City	State ZIP code	City		State	ZIP co	de	
10 Will you be traveling outside New York State? 11 Are you registered for New York State highway use tax? 12 IRP registration number							
☐ Yes ☐ No ☐ Yes ☐ No If No, see instructions							
13 Have you ever had an IFTA license from a state other than New York?							
Yes No If Yes, list state(s):							
14 Do you have bulk fuel storage?							
Yes No If Yes, list in which state(s):							
(-)-							
Decal order							
15 Number of IFTA vehicles:	x <b>\$8</b> per set of 2 (	decals (see instruc	etions) = 15			.00	
16 Additional license (\$2 fee; mark an X in the box if needed) and enter 2 on line 16				.00.			
17 Total due (add lines 15 and 16; see below for how to pay)				.00			
<ul> <li>Pay the fees (total due)</li> <li>Make check or money order payable in U.S. funds</li> <li>to: Commissioner of Taxation and Finance</li> </ul>							
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 § 1815, and Penal Law §§ 175.35 and 210.45.							
Type or print name of person signing		Title					
Email address of person signing							
Signature of owner, partner, member, officer, or person authorized by attached <i>Power of Attorney</i> Telephone number (with area code) Date signed							
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