

CT-IFTA-2

Application For International Fuel Tax Agreement (IFTA) License Connecticut Carrier

Calendar Year 2010

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|---|
| If registered, enter Connecticut Tax Registration Number |
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Check if your mailing address has changed and indicate new address.

Complete this form in blue or black ink only. Please read all instructions on back before completing.

1. Reason for applying
 New account Registration of additional vehicles Other: Explain

2. Name of owner, partnership, corporation, or LLC _____ Federal Employer ID Number (FEIN) _____

3. Trade name or registered name, if different from Line 2 _____ Social Security Number (SSN) _____

4. Physical location of this business: PO Box is not acceptable _____ ZIP plus 4 _____ Telephone number () _____

5. Mailing address of this business, if different from Line 4 _____ ZIP plus 4 _____ United States DOT Number _____

6. Name and home address of owner, partner, corporate officer, or LLC member _____ ZIP plus 4 _____ SSN _____

7. Names and home addresses of other partners, corporate officers, or LLC members _____ ZIP plus 4 _____ SSN _____

8. Type of ownership: If **Other**, attach explanation. Other
 Sole proprietor General partnership Limited partnership Corporation S corporation
 Limited liability company (LLC) Single member LLC
 Check if taxed as a corporation Check if taxed as a corporation

8a. Organized under laws of what state? _____

9. Are you currently or have you been registered with another jurisdiction under the International Fuel Tax Agreement? Yes No
 If **Yes**, enter the name of the jurisdiction. _____

10. Describe in detail the type of business you operate. _____

11. Do you store fuel in bulk? Yes No If **Yes**, where is the fuel stored? _____

11a. Types of fuel used _____ Diesel _____ Gasoline _____ Ethanol _____ Propane _____ Natural gas
 _____ A-55 _____ E-55 _____ M-85 _____ Gasohol _____ LNG _____ Methanol

12. List lessors who lease vehicles to you. Attach additional sheets if needed.

| Name | Address |
|------|---------|
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| | |

13. Enter **X** for the jurisdictions in which you operate or anticipate operating:

| | | | | |
|-----------------------|-------------------------|--------------------------|---------------------------|--------------------------------|
| _____ AL -Alabama | _____ IA -Iowa | _____ NE -Nebraska | _____ RI - Rhode Island | _____ AB -Alberta |
| _____ AZ -Arizona | _____ KS -Kansas | _____ NV -Nevada | _____ SC - South Carolina | _____ BC -British Columbia |
| _____ AR -Arkansas | _____ KY -Kentucky | _____ NH -New Hampshire | _____ SD -South Dakota | _____ NB -New Brunswick |
| _____ CA -California | _____ LA -Louisiana | _____ NJ -New Jersey | _____ TN -Tennessee | _____ MB -Manitoba |
| _____ CO -Colorado | _____ ME -Maine | _____ NM -New Mexico | _____ TX -Texas | _____ ON -Ontario |
| _____ CT -Connecticut | _____ MD -Maryland | _____ NY -New York | _____ UT -Utah | _____ QC -Quebec |
| _____ DE -Delaware | _____ MA -Massachusetts | _____ NC -North Carolina | _____ VA -Virginia | _____ SK -Saskatchewan |
| _____ FL -Florida | _____ MI -Michigan | _____ ND -North Dakota | _____ VT -Vermont | _____ NL -Newfoundland |
| _____ GA -Georgia | _____ MN -Minnesota | _____ OH -Ohio | _____ WA -Washington | _____ NW -NW Territory |
| _____ ID -Idaho | _____ MS -Mississippi | _____ OK -Oklahoma | _____ WV -West Virginia | _____ NS -Nova Scotia |
| _____ IL -Illinois | _____ MO -Missouri | _____ OR -Oregon | _____ WI -Wisconsin | _____ PE -Prince Edward Isle |
| _____ IN -Indiana | _____ MT -Montana | _____ PA -Pennsylvania | _____ WY -Wyoming | _____ YU -Yukon Territory |
| | | | | _____ DC -District of Columbia |

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|---|--|------------------------------|-----------------|------------|
| 14. Fees: All applicants must complete this section. | Enter total number of qualified vehicles to be registered. | Number of qualified vehicles | Fee X \$10 = | Amount due |
| | | ▶ | | ▶ |

Make check payable to: **Commissioner of Revenue Services**

Declaration: I declare under the penalty of false statement that I have examined this application, CT-IFTA-2, and to the best of my knowledge and belief it is true, complete, and correct. The applicant agrees to comply with reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement (IFTA). The applicant further agrees that base jurisdiction may withhold any refunds due if the applicant is delinquent in paying fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license. I understand that IFTA decals may not be transferred by me to another person, or from one vehicle to another.

| | | |
|--|-------|------|
| Signature of owner, partner, corporate officer, or LLC member | Title | Date |
| Decals are not transferable from vehicle to vehicle or from company to company. | | |

CT-IFTA-2 Instructions

Do not use this CT-IFTA-2, *Application For International Fuel Tax Agreement (IFTA) License Connecticut Carrier*, to request Connecticut motor carrier road tax decals. For Connecticut motor carrier road tax decals, submit Form REG-3-MC, *Application for Motor Carrier Road Tax*.

Qualified motor vehicles are those used, designed, or maintained for transportation of persons or property **and**:

1. Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms;
2. Have three or more axles regardless of weight; **or**
3. Are used in combination and the combined gross vehicle weight or registered gross vehicle weight exceeds 26,000 pounds or 11,797 kilograms.

The term qualified motor vehicle does not include recreational vehicles.

You may not transfer International Fuel Tax Agreement (IFTA) decals to another person or from one vehicle to another.

Line Instructions

- Line 1** Check the appropriate box for a new account, registration of additional vehicles, or *other* reasons such as, renewal, replacement decals, or change of ownership. If there has been a change of identity, form of ownership, or organization, you **must** apply for a new CT-IFTA number. If you are registered with the Connecticut Department of Revenue Services (DRS), enter your Connecticut Tax Registration Number in the upper right corner of this form.
- Line 2** Print the name of the owner, partnership, corporation, or limited liability company (LLC) and enter its Federal Employer Identification Number (FEIN). Enter proprietor's name if a sole proprietorship. If it is a sole proprietorship with no employees and is not required to have a FEIN, enter the proprietor's Social Security Number (SSN).
- Line 3** Print the **trade or registered name** if different from Line 2. A **trade or registered name** is the name under which business is done, but not necessarily the owner's name. Example: If John Travel is the proprietorship entered on Line 2, but John T. Trucker Co. is the name chosen by John Travel for his business, then John T. Trucker Co. is the name he would enter on Line 3.
- Line 4** Print the physical location of the business. Do not use PO Boxes or rural route numbers. Indicate where the business is actually located.
- Line 5** Print the mailing address of the business if different from Line 4. Complete only if mailing and business addresses are different.
- Line 6** Print the name and home address of the proprietor, partner, corporate officer, or LLC member. Identify the proprietor if a sole proprietorship, partners if a partnership, or officers if a corporation.

- Line 7** Print the names and home addresses of other partners, corporate officers, or LLC members.
- Line 8** Indicate the type of business. If *Other*, attach an explanation.
- Line 8a** Enter the name of the state under the laws of which the business is organized.
- Line 9** Indicate whether you are currently or were previously registered with another jurisdiction for IFTA. If you checked **Yes** on Line 9, enter the name of the jurisdiction you are currently or were previously registered in for IFTA.
- Line 10** Provide details of your business operations or activities.
- Line 11** Indicate if you store fuel in bulk. List the city and state where the fuel is stored.
- Line 11a** Enter an X to indicate the type(s) of fuel used in your qualified motor vehicles
- Line 12** Enter the name(s) and address(es) of the lessor(s) who lease vehicles to you. Attach a list if needed.
- Line 13** Enter an X to indicate each jurisdiction in which you are likely to operate.
- Line 14** Indicate the number of IFTA qualified motor vehicles requiring decals. Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door of each vehicle.

This application must be signed by an owner, partner, corporate officer, or LLC member.

Failure to complete all items on this application may result in a delay in processing your application.

Make your check payable to: **Commissioner of Revenue Services**. DRS may submit your check to your bank electronically.

Return the completed application with full payment to:

Department of Revenue Services
Registration Section
PO Box 2937
Hartford CT 06104-2937

If you need assistance or additional information about applications or registering your vehicle(s), call the DRS Registration Section at **860-297-4885**, Monday through Friday, 8:30 a.m. to 4:30 p.m.