

Department of Taxation and Finance

IFTA Quarterly Fuel Use Tax Return File this return even if there is no tax due.

Address	No operation in Ca	ancel	Amended		Mark an X in the appropriate box to indicate the quarter covered by this return.			
change		ense	return		n 1 - Ma		Apr 1 - Jun 3	30
					l 1 - Sep	_	Oct 1 - Dec	
Licensee IFTA	A identification number			Enter th	e year	covered t	by this return: 2	20
Legal name							I by the last day	
Street address	<u>.</u>						of the quarter.	O.
Sifeet address	3			Most mo			required to e-file	e their
City	ity State ZIP Code					S.		
** Ship for	- Communication fuel use tay retu		Internation			··		
	rm for filing your quarterly fuel use tax retuinstructions on page 2 carefully. Make a cop	•		nal Fuel Tax Ayre	emen	(IF IA).		
	check or money order payable in U.S. fun	• •		1 & Finance.		Amount	enclosed	
	D: NYS TAX DEPARTMENT, IFTA RETURNS, PO				etails)	\$		
enter the an Instructions	orm IFTA-101, <i>IFTA Quarterly Fuel Use Tax</i> mount from each Form IFTA-101, page 1, or s for Form IFTA-101, page 2, worksheet, co	column Q, <i>Total</i> column S, <i>Total</i> b	als line. For all other box. Enter any credi	r fuel types enter t lit amounts in brad	the amo	ount from	ກ lines 1 throug ເ Form IFTA-10	gh 4, 1-l,
						-		_
2 Motor f	fuel gasoline				2			
3 Ethano	ol				3			
4 Propan	ne (LPG)				4			
5 All othe	er fuel types not listed in lines 1 through 4	(from Form IFTA	l-101-l, page 2, worksł	heet, column S, Tot	tal) 5			
6 Subtot	tal of amount due or credit (add lines 1 thr	rough 5)			6			
7 Penalty	ty (see instructions)				7			_
8 Total b	balance due or credit (add lines 6 and 7)				8			
9 Credits	s to be applied				9			
10 Balanc	ce due or credit (subtract line 9 from line 8)				10			
	d amount requested							
these stater felony or oth Department	on: I certify that the above statements are to ements with the knowledge that willfully protenter crime under New York State Law, puning a uthorized to investigate the validity of Printed name of authorized person	oviding false or f hishable by a sub f any information	fraudulent information	on with the intent ossible jail senter	t to evad nce. I al	de tax ma	ay constitute a	
Authorized person				Telephone number		Date		-
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Paid preparer	Firm's name (or yours if self-employed) Signature of individual preparing this return	Address	1 111110	City		State	ZIP code	_
use only (see instr.)	Email address of individual preparing this return	Address		Telephone number			ate	
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Instructions

General information

Who must file – Anyone holding a license under the International Fuel Tax Agreement (IFTA) is required to file, on a quarterly basis, Form IFTA-100, IFTA Quarterly Fuel Use Tax Return, and Form IFTA-101, IFTA Quarterly Fuel Use Tax Schedule, for each fuel type.

Form IFTA-100 summarizes the amount of tax due or the amount to be credited for the various fuel types computed on each Form IFTA-101 and is used to determine the total amount due or credit, including any appropriate penalty and interest.

Instructions

Address change – Mark an **X** in this box if this address is your new or corrected address.

No operation in any jurisdiction – Mark an **X** in this box if you did not operate qualified motor vehicles in any jurisdiction including your base jurisdiction during the quarter. Sign this return and mail to the address indicated on the return.

Cancel license – Mark an \boldsymbol{X} in this box if you are filing a final return and requesting your license be canceled. Complete this return for your operations during the quarter and return your IFTA license and any unused decals to the address on your license. Destroy any used decals.

Amended return – Mark an **X** in this box if this return corrects a previous return. Indicate the quarter and year of the return you are correcting. The amended return should show the correct figures for that quarter – not the difference. An explanation of the changes must accompany the amended return.

Mark an \boldsymbol{X} in the box for the quarter, and enter the year, covered by this return.

Enter your licensee IFTA identification number. This is your employer identification number or other jurisdiction assigned identification number as it appears on your IFTA license.

Enter your legal name as it appears on your IFTA license and complete mailing address.

Line instructions

Note: Enter any credit amounts in brackets ([]).

Line 1 – Enter the amount from Form IFTA-101, page 1, column Q, *Totals* line, for diesel fuel.

Line 2 – Enter the amount from Form IFTA-101, page 1, column Q, *Totals* line, for motor fuel gasoline.

Line 3 – Enter the amount from Form IFTA-101, page 1, column Q, *Totals* line, for ethanol.

Line 4 – Enter the amount from Form IFTA-101, page 1, column Q, *Totals* line, for propane (LPG).

Line 5 – Enter the amount from Form IFTA-101-I, *Instructions for Form IFTA-101*, page 2, worksheet, column S, *Total* box, for all other fuel types.

Line 6 – Add lines 1 through 5. This amount is the net of all credits and taxes due for each fuel type reported on lines 1 through 5.

Line 7 – Penalty – A penalty of \$50 or 10% of delinquent taxes, whichever is greater, is imposed if you fail to file a return, file your return late, or underpay taxes due.

Line 8 - Add lines 6 and 7.

Line 9 – Enter the amount of prior credit you are claiming. Any credit not claimed will be carried over to the next filing period.

Line 10 – Subtract line 9 from line 8. If the amount on line 10 is a balance due, enter the amount of your payment in the *Amount enclosed* box above line 1.

Line 11 – Enter the portion of the credit that you want refunded to you. If you do not request a refund of the total credit, any remaining credit balance will be available on your next quarterly return.

Note: Credit balances cannot be carried forward for more than eight quarters (two years) from the quarter in which the credit was earned

Signature – If you are a sole proprietor, you must sign the return and include your title, email address, date, and telephone number. If you are filing this return for a corporation, partnership, or other type of entity, an officer, employee, or partner must sign the return on behalf of the business, and include their title, email address, date, and telephone number.

If you do not prepare the return yourself, sign, date, and provide the requested taxpayer information. The preparer must also sign the return and include their preparer identification number, address, and telephone number.

Paid preparer's responsibilities – Under the law, all paid preparers must sign and complete the paid preparer section of the form. Paid preparers may be subject to civil or criminal sanctions, or both, if they fail to complete this section in full.

Mailing instructions

- Attach check or money order payable in U.S. funds to: Commissioner of Taxation & Finance.
- Include on your check or money order your identification number, Form IFTA-100 and the quarter covered by this return.
- 3. Place this form on top of the Forms IFTA-101 you are returning.

Mail your return to the IFTA Processing Center at:

NYS TAX DEPARTMENT IFTA RETURNS PO BOX 15194 ALBANY NY 12212-5194

If not using U.S. Mail, see Publication 55, Designated Delivery Services.

For additional forms or information, see Need help?.

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request for personal information, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our website, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

Need help?



Visit our website at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

Telephone assistance

Miscellaneous Tax Information Center: 518-457-5735

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the

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