Department of Taxation and Finance

New York State International Fuel Tax Agreement (IFTA) Application

IFTA-21
(9/15)

1a This application is for calendar year	**1b** Reason for application ☐ New ☐ Additional license ☐ Renewal ☐ Additional decals	*For office use only* $ / Number
2 Identification number — Employer identification number / Suffix, if any **OR** Social security number **SS**		Deposit number
3 Type of business ☐ Sole proprietor/individual ☐ Corporation ☐ Partnership ☐ LLC/LLP ☐ Other:		
4 Legal name		**5** USDOT number
6 Doing business as (DBA) name *(if different from legal name)*		**7** Business phone number ( )
8 Physical address *(number and street)* — City / State / ZIP code	**9** Mailing address *(if different than physical address; number and street or PO box)* — City / State / ZIP code	
10 Will you be traveling outside New York State? ☐ Yes ☐ No	**11** Are you registered for New York State highway use tax? ☐ Yes ☐ No If *No*, see instructions	**12** IRP registration number
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 **$8** per set of 2 decals *(see instructions)* = ...	**15**	.00
16 Additional 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) with this application
- Make check or money order payable in U.S. funds 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 *Power of Attorney*	Telephone number *(with area code)* ( )	Date signed

For mailing instructions, see Form IFTA-21-I, *Instructions for Form IFTA-21*.