



# Form IFTA-1

## 2017 International Fuel Tax Agreement Massachusetts License Application

Rev. 8/16

**Massachusetts**  
**Department of**  
**Revenue**

**Registration period January 1, 2017 through December 31, 2017**

Federal Identification number \_\_\_\_\_ Social Security number \_\_\_\_\_ U.S. Department of Transportation (DOT) number \_\_\_\_\_

Legal name of business \_\_\_\_\_ Trade name (DBA) \_\_\_\_\_

Physical address of business \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office where fuel records are available for audit (if different from business address or mailing address) \_\_\_\_\_ Business telephone \_\_\_\_\_

Name of representative or agent (include Form M-2848, Power of Attorney) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Yes  No

Type of business \_\_\_\_\_  
 Corporation  Individual  Partnership  Other (specify) \_\_\_\_\_

**Principal officers information.** This section must be completed in full.

Title	Name	Social Security number	Residential address

**Registration**

Registration type \_\_\_\_\_ Start date in IFTA program \_\_\_\_\_  
 Renewal  Additional

**Fuel type.** Check all that apply.

Diesel  Gasoline  Ethanol  Propane (LPG)  Biodiesel  LNG  Gasohol  Methanol  CNG  A-55  E-85  M-85

**Decal order and application fee**

1 Number of IFTA vehicles .....	
2 Cost per vehicle .....	\$ 8.00
3 Total due (multiply line 1 by line 2) .....	

**Be sure to complete page 2.**



**Jurisdictions.** Fill in the oval next to any jurisdiction in which you travel.

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

**Bulk storage**

Do you maintain bulk storage? If Yes, list the jurisdiction where the fuel is maintained.

- Yes  No

**Prior registration**

Indicate any IFTA jurisdiction(s) in which you are currently or were previously registered. (Enter "None" if you have never been registered for IFTA.)

**Important information**

Has your IFTA license ever been revoked in any IFTA jurisdiction?

- Yes  No

List any IFTA jurisdiction in which your IFTA license is currently revoked.

**Declaration**

The applicant agrees to comply with reporting, payment, record-keeping requirements to report payments, keep records and license display requirements as specified in the Massachusetts Tax Law and the International Fuel Tax Agreement. The applicant further agrees that Massachusetts 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 an IFTA license in all member jurisdictions.

Under the penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete.

Authorized signature (print)	Title	Date	Telephone
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Signature of owner, partner, member or officer from page 1

**Instructions**

Remit fees with application. Remittance must be in U.S. funds. Make check payable to: **Commonwealth of Massachusetts**. Mail to: **Massachusetts Department of Revenue, P.O. Box 7027, Boston, MA 02204.**



## Form IFTA-1 Instructions

### Application Instructions

All information **must** be printed on the Application.

Enter your Federal Employer Identification number. If one has not been issued, enter your Social Security number.

All trucks that go interstate and are over 10,000 pounds are required to have a Department of Transportation (DOT) number. For information call 781-425-3210.

Enter the exact legal name of the business. The legal name is the name in which the business owns the property or acquires debt. A corporation's legal name is the name that appears on its certificate of incorporation. If the business is a partnership, the legal name is the name that appears on its partnership agreement. The legal name of a sole proprietorship is the name of the individual owner of the business.

If the company has a DBA ("doing business as"), enter the name. This will be used to establish your account.

Enter the business address of the company.

Enter the mailing address you wish to receive your license, decals and returns.

Enter where the fuel records will be available for audit.

Enter the telephone number of the company.

Check the appropriate box and complete the Name and full Address if you are giving Power of Attorney to an outside Agent or Representative. You must also submit a Power of Attorney (Form M-2848).

Check the appropriate "type of business" based on the federal number.

Enter the names, titles, social security numbers and residence addresses of the principal corporate officers, members, partners, individual owners or executors, administrators, receivers, trustees or fiduciaries.

Check box that applies:

**Renewal.\*** Check this box if you have or had a license for 2015.

**\*New applicants** must register online at [mass.gov/masstaxconnect](http://mass.gov/masstaxconnect). After registering for IFTA, you may log in to your account to order decals.

**Additional.** Check this box if currently licensed for 2016 and need additional decals.

Enter the date you began or will begin IFTA in Massachusetts based on the current identification number entered.

Check all types of fuel used.

Enter the number of IFTA vehicles you are applying for and multiply by \$8. Submit a check for this amount payable to Commonwealth of Massachusetts. Decals are not vehicle specific; extra decals can be ordered.

Fill in the oval for all jurisdictions in which traveling is done. Traveling must be done in Massachusetts and one other jurisdiction to qualify for IFTA.

If bulk storage is maintained, check Yes and enter the jurisdiction where fuel is maintained. If no bulk storage, check No.

List the IFTA member jurisdiction(s) in which you are registered or have been registered for IFTA.

Indicate Yes or No as to whether your IFTA license has ever been revoked.

List any IFTA jurisdiction in which your IFTA license is currently revoked.

Print name, have the application signed by an authorized person and enter the title of person signing the application. This application must be signed by the owner, partner, officer or person authorized in the "Principal officers information" section on the front of Form IFTA-1, assuming responsibility for the validity of the information contained in the application.

Any additional questions, call the DOR at 617-887-6367.

Please review to ensure that all lines have been completed; verify the check amount and ensure the application is signed; mailing address is on the application. If application is not complete, it will be returned to you. This will cause delays in the processing of your application.