



MFUT-12 Application for Motor Fuel Use Tax IFTA License and Decals

Step 1: Write your carrier account numbers (Please type or print in ink.)

Do not write above this line.

1 FEIN/SSN _____
Federal employer identification number/Social Security number

3 IRP no. _____
Illinois international registration plan firm number

2 IBT no. _____
Illinois business tax number (if applicable)

4 US DOT no. _____
United States Department of Transportation number

Step 2: Check your application type (Check all that apply.)

5 Original application
 Renewal application

Ordering additional or replacement decals
 Correcting account information

Step 3: Identify your business

6 Write your business' name and address. A physical address is required. Post Office box numbers will not be accepted.

Legal name: _____ Trade (DBA) name: _____

Street address: _____
Number and street (required)

City _____ State _____ ZIP _____ Country _____

Contact person: _____ Telephone: (____) _____ - _____

7 Write the name and mailing address where you want your **tax returns** sent (if different than Line 6). If the name is different than Line 6, a power of attorney form must also be attached.

Name: _____

Mailing address: _____
Number and street (required)

City _____ State _____ ZIP _____ Country _____

8 Write the name and mailing address where you want your **decals** sent (if different than Line 6).

Name: _____

Mailing address: _____
Number and street are required. Post office boxes cannot be accepted.

City _____ State _____ ZIP _____ Country _____

Step 4: Complete your decal order

You must purchase and display one set of two decals for each of your qualified motor vehicles.

Original, additional, or renewal decal order

9 Specify decal year of requested decals: _____

10 Total number of decal sets needed: _____

11 Cost per decal set: \$ 3 | 75

12 Multiply Line 10 by Line 11. This is your cost for original, additional, or renewal decals. \$ _____

Replacement decal order

13 My original decal was: Lost Stolen Damaged
 Other. Explain: _____

14 My original decal serial number was _____
(Attach additional sheet if multiple decals are being replaced.)

15 Specify decal year of replacement decals: _____

16 Total number of decal sets needed: _____

17 Cost per decal set: \$ 2 | 00

18 Multiply Line 16 by Line 17. This is your cost for replacement decals. \$ _____

19 Add Lines 12 and 18. This is your total cost of decals ordered. \$ _____



Make your check payable to
"Illinois Department of Revenue."

Step 5: Identify your type of operation

- 20 Check your type of business ownership. ___ Individual ___ Corporation ___ Partnership ___ State/federal government ___ Non-profit organization
- 21 If you checked "Corporation," write the date and state of incorporation. ___/___/___ State
- 22 List the owners or corporate officers. Social Security no. Name and title City and state
- 23 Do you currently have or have you ever had an IFTA license from a state other than Illinois? ___ yes ___ no

Step 6: Tell us your fuel types, operations, and bulk fuel storage

- 24 List the number of qualified motor vehicles you own or operate interstate _____
- 25 List the number of qualified motor vehicles you own or operate intrastate _____
- 26 Check the type of fuels used in the qualified motor vehicles you own or operate: Diesel Gasoline Gasohol LP gas Compressed natural gas Ethanol Methanol E-85 M-85 A-55
- 27 List each jurisdiction in which you maintain bulk fuel storage. Attach additional sheets if necessary.

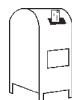
Step 7: Sign below

Your FEIN or SSN is used for account identification, payment processing, and record keeping. Your number and pertinent account information may be provided to IFTA jurisdictions, governmental and state agencies, and any persons necessary for administering the Motor Fuel Tax Law. Under penalties of perjury, I state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete. The applicant agrees to comply with all license display, record keeping, reporting, and payment requirements as specified in the Illinois Motor Fuel Tax Law and the International Fuel Tax Agreement. Applicant further agrees that the Illinois Department of Revenue may withhold any overpayments due if it is delinquent on payments of motor fuel use taxes due the state of Illinois or any IFTA member jurisdiction. Applicant understands that failure to comply with these provisions is grounds for revocation of its license in all applicable jurisdictions.

Note: Without proper signature from an owner, partner, authorized corporate officer, authorized agent, or employee who has the control, supervision, or responsibility of filing returns and making payment of the tax, your application will be denied.

Signature _____ Title _____ Telephone (____) _____ - _____ / ___/___/___

Mail to:



MOTOR FUEL USE TAX SECTION ILLINOIS DEPARTMENT OF REVENUE PO BOX 19467 SPRINGFIELD IL 62794-9467

Telephone: 217 785-1397

This form is authorized by the Illinois Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-3262

