Department of Revenue Services State of Connecticut PO Box 2937

(Rev. 12/19)

CT-IFTA-2

Calendar Year 2020

Hartford CT 06104-2937

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

	If registered, enter
	Connecticut Tax Registration Number
-	

Do not use this application to request Connecticut motor carrier road tax decals. Complete Form REG-3-MC, Application for Motor Carrier Road Tax, for motor carrier road tax decals.

Complete this form in blue or black ink only. Please see the i	nstructions before completing this form.	has changed and indicate new address.		
Reason for applying				
■ New account ■ Registration of additional	vehicles			
Name of owner, partnership, corporation, or LLC		Federal Employer ID Number (FEIN), if applicable		
3. Trade name or registered name, if different from Line 2				
4. Physical location of this business: PO Box is not accepta	Telephone number			
5. Business mailing address, if different from Line 4	United States DOT Number			
6. Name and home address of owner (sole proprietor), part	Social Security Number (SSN)			
7. Name and home address of other partner, LLC member,	or corporate officer	SSN		
8. Type of ownership:				
☐ 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				
Are you currently or have you been registered with anoth If Yes , enter the name of the jurisdiction.	er jurisdiction under IFTA? Yes IN	No		
10. Describe in detail the type of business you operate.				
11. Do you store fuel in bulk?	Yes, where is the fuel stored?			
11a. Types of fuel used Diesel Gasoline Ethanol Propane Biodiesel				
A-55 E-85 M-85 Gasohol LNG Methanol				
CNG				
12. Contact information below must be completed.				
Contact Name Email Ac	Idress			
13. Enter X for the jurisdictions in which you operate or anti on	cipate operating:	AB -Alberta		
AL -Alabama IA -Iowa	NE - Nebraska RI - Rhode Island			
AZ -Arizona KS -Kansas	NV - Nevada SC - South Carolin			
AR -Arkansas KY -Kentucky	NH -New HampshireSD -South Dakota	MB -Manitoba		
CA -California LA -Louisiana	NJ -New JerseyTN -Tennessee	ON - Ontario		
CO - Colorado ME - Maine	NM - New MexicoTX - Texas	QC -Quebec		
CT - Connecticut MD - Maryland	NY -New YorkUT -Utah	SK -Saskatchewan		
DE - Delaware MA - Massachusetts	NC -North CarolinaVA -Virginia	NL -Newfoundland		
FL -FloridaMI -Michigan	ND - North DakotaVT - Vermont	NW -NW Territory		
GA -Georgia MN -Minnesota	OH - Ohio WA - Washington	NS -Nova Scotia		
ID -Idaho MS -Mississippi	OK - Oklahoma WV - West Virginia	PE -Prince Edward Isle		
IL -Illinois MO -Missouri	OR - Oregon WI - Wisconsin	YU -Yukon Territory		
IN -Indiana MT -Montana	PA - PennsylvaniaWY - Wyoming	DC -District of Columbia		
14. Fees: All applicants must Enter total r	number of motor vehicles requiring decals:	Fee Amount due		
complete this section.		X \$10 = ►		
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.

CT-IFTA-2 - Instructions

Complete this form in blue or black ink only. Do not use staples.

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.

Please note that each form is year specific. To prevent any delay in processing your application, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

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

- Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms;
- Have three or more axles regardless of weight; or
- 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 DRS, enter your Connecticut Tax Registration Number in the upper right corner of this form.
- **Line 2:** Print the name of the owner, partnership, limited liability company (LLC), or corporate name. Enter the name of the owner if a sole proprietorship. Enter Federal Employer Identification Number (FEIN), if applicable.
- **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. A PO Box is not accepted as a physical location.
- **Line 5:** Print the mailing address of the business if different from the physical location of this business (Line 4).
- **Line 6:** Print the name and home address of the owner (sole proprietor), partner, corporate officer, or LLC member. Identify the name entered as owner, if a sole proprietorship; partner if a partnership; LLC member if an LLC; or officer if a corporation.
- **Line 7:** Print the name and home address of other partner, LLC member, or corporate officer. Identify the name entered as partner if a partnership; LLC member if an LLC; or officer if a corporation. Include the SSN in the space provided.
- **Line 8:** Check the appropriate box to indicate the type of ownership. Enter the FEIN in the space provided on Line 2,

if applicable. If type of ownership is "Other", explain on the line provided.

Line 8a: Enter the name of the state under the laws of which the business is organized.

Line 9: Check the appropriate box to indicate whether you are currently or were previously registered with another jurisdiction for IFTA. If you check **Yes**, 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: Check the appropriate box to indicate if you store fuel in bulk. If you check **Yes**, list the city and state where the fuel is stored.

Line 11a: Enter an X next to the type(s) of fuel used in your qualified motor vehicles.

Line 12: Provide a contact name and email address. This **must** be completed to permit online access for the electronic filing of returns, renewal of the license, and ordering of additional decals.

Line 13: Enter an X next to each jurisdiction in which you are likely to operate.

Line 14: Indicate the number of IFTA 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, LLC member, or corporate officer.

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 State of Connecticut PO Box 2937 Hartford CT 06104-2937

If you need assistance or additional information about applications or registering your vehicle(s), call DRS at **860-297-4870**, Monday through Friday, 8:30 a.m. to 4:30 p.m.

For More Information

Call DRS during business hours, Monday through Friday:

- 800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or
- 860-297-5962 (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.

Forms and Publications: Visit the DRS website at **portal.ct.gov/DRS** to download and print Connecticut tax forms and publications.

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