

**KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS
915 SW HARRISON ST.
TOPEKA, KANSAS 66625-8000
www.ksrevenue.org
Phone Number: (785) 368-8222
Fax: (785) 296-2703**

KANSAS APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT (IFTA)

1. Legal Name _____
2. DBA Name _____
3. Business Mailing Address _____
Street Address or Post Office Box City State Zip Code

4. Business Location Address _____
Street Address City County State Zip Code

5. Federal Employers Identification Number _____ 6. Business Phone Number (_____) _____
Fax Number (_____) _____

7. Check Type of Ownership: Individual Partnership Corporation Other

8. List Owner, Partners or Corporate Officers (Attach list of additional partners and corporate officers) (*Required*)

NAME	ADDRESS	TITLE	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER

9. Name and telephone number of a contact person for tax return inquires _____
(Name) (Telephone Number)

10. Have you been licensed for IFTA in another jurisdiction? Yes No If yes, what state? _____

11. List International Registration Plan (IRP) Number _____

12. List USDOT (Department of Transportation) Number (*Required*) _____

13. KCC (Kansas Corporation Commission) _____

14. Attach a list of vehicles with vehicle identification number (VIN) you are applying for on this application.

15. Types of Fuel Used (check all that apply):

- Diesel Gasoline Propane Gasohol Liquid Natural Gas (LNG) Compressed Natural Gas
 (CNG) Ethanol Methanol E-85 M-85 A55

16. List all jurisdictions you currently have bulk storage: _____

Fee Calculation—Fee is \$10.00 for the first qualified motor vehicle, and \$1.00 for each additional qualified motor vehicle. Fee must accompany this application.

PLUS _____	First Qualified Motor Vehicle	\$ 10.00
	Qualified Motor Vehicles @ \$1.00 Each	\$ _____
	TOTAL FEE ENCLOSED	\$ _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I agree to comply with reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement. I further agree that the Kansas Department of Revenue may withhold any refunds due me if I am delinquent on payment of fuel taxes due any member jurisdiction. I understand that failure to comply with these provisions shall be grounds for revocation of my license in all member states.

sign here →

Signature of Owner, Partner, Corporate Officer, or Person Authorized by Attached Power of Attorney Date

Title (_____) Telephone Number

OFFICE USE ONLY
License No. _____ Date Issued _____ Decal No. _____

INSTRUCTIONS

Complete this application in its entirety if you are a person or company based in Kansas operating a qualified motor vehicle. A qualified motor vehicle is a motor vehicle used, designed or maintained for transportation of persons or property and:

1. Having two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds;
2. Having three or more axles regardless of weight; or,
3. Is used in combination when the weight of such combination exceeds 26,000 pounds gross vehicle weight.

Qualified motor vehicle does not include recreational vehicles, (unless such vehicle(s) is being used as a business endeavor.)

There is a \$10.00 fee for the first qualified motor vehicle. Additional vehicles will be registered for \$1.00 each.

After completing the registration process, you will automatically receive a master license and decals for each vehicle. The appropriate fee amount must be submitted with the application.

The State of Kansas may require a licensee to post a bond when the licensee has failed to file timely reports, when tax has not been remitted or when an audit indicates a problem. The bond amount must be equal to two quarters tax liability. The minimum bond amount is \$1,000.

Not furnishing the Federal Identification Number (FEIN) or social security number will prevent a delay in processing this application and future refunds.

You can obtain a FEIN immediately by calling the Business & Specialty Tax Line at **(800) 829-4933**. The hours of operation are 7:00 a.m. - 10:00 p.m., Monday through Friday. An assistor takes the information, assigns the EIN, and provides the number to an authorized individual over the telephone.

*** USDOT # is mandatory, applications missing this data will be returned. ***

Completing this application requires filing quarterly IFTA tax returns regardless of out of state travel during the quarter being filed. Failure to file a return will result in penalty and interest and jeopardy of loss of your license.

This application must be signed by the owner, partner or corporate officer listed on question 8. Persons who are not listed on question 8 but are signing the application must attach a completed Power of Attorney. (POA must include the agent (s) name.)

IFTA Agreement to maintain records (AUD-29) must be completed and accompany the IFTA application (MF-39)

Inquiries concerning this application should be directed to:

Kansas Department of Revenue
Motor Fuel Tax
915 SW Harrison St.
Topeka, Kansas 66625-8000
Phone Number: (785) 368-8222

KCC-Kansas Corporation Commission
1500 SW Arrowhead
Topeka, KS 66604
785-271-3145 (Select option 3)

IRP-International Registration Plan
1500 SW Arrowhead
Topeka, KS 66604
785-271-3145 (Select option 1)

USDOT-Federal Motor Carrier Safety Administration
1303 SW 1st American Place Suite 200
Topeka, Kansas 66604
(800) 832-5660
www.fmcsa.dot.gov

Oversize Permits-Kansas Dept of Transportation
1500 SW Arrowhead
Topeka, KS 66603
785-271-3145 (Select option 2)

Go to www.iftach.org for exemptions, contact information, etc. on other jurisdictions.