

# CT-IFTA-2

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

**Calendar Year 2021**

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.**

Check if your mailing address has changed and indicate new address.

Complete this form in blue or black ink only. Please see the instructions before completing this form.

1. Reason for applying  
 New account     Registration of additional vehicles     Other (Explain) \_\_\_\_\_

2. 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 acceptable \_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_

5. Business mailing address, if different from Line 4 \_\_\_\_\_ United States DOT Number \_\_\_\_\_

6. Name and home address of owner (sole proprietor), partner, LLC member, or corporate officer \_\_\_\_\_ Social Security Number (SSN) \_\_\_\_\_

7. Name and home address of other partner, LLC member, or corporate officer \_\_\_\_\_ SSN \_\_\_\_\_

8. Type of ownership:  Other: \_\_\_\_\_  
 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 a corporation

8a. Organized under laws of what state? \_\_\_\_\_

9. Are you currently or have you been registered with another jurisdiction under IFTA?     Yes     No  
 If **Yes**, enter the name of the jurisdiction. \_\_\_\_\_

10. Describe in detail the type of business you operate. \_\_\_\_\_

11. Do you store fuel in bulk?     Yes     No    If **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 Address

13. Enter **X** for the jurisdictions in which you operate or **anticipate operating**:

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

14. <b>Fees:</b> All applicants <b>must</b> complete this section.	Enter total number of motor vehicles requiring decals: _____ ▶	Fee X \$10 =	Amount due ▶
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**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.

Signature of owner, partner, corporate officer, or LLC member \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Decals are not transferable from vehicle to vehicle or from company to company.**

## 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,

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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 Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **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](http://portal.ct.gov/DRS) to download and print Connecticut tax forms and publications.