



IFTA Special Fuel Authorization Tax Return

See next page for where to send this form.

| | | | |
|--|--|---|----------------|
| A. Reporting period Year _____ Quarter _____ Account number _____ | | For validation only. 039-030-115-0000 | |
| B. <input type="checkbox"/> No operations <input type="checkbox"/> Amended return <input type="checkbox"/> New address Effective date _____ <input type="checkbox"/> Late return <input type="checkbox"/> Name change <input type="checkbox"/> Cancel license ▶ _____ | | | |
| C. Name and address | | Validated postmark date | |
| 1 | Beginning physical inventory | 1 | |
| 2 | Fuel received (total from Schedule A on page 2) | 2 | |
| 3 | Ending physical inventory | 3 | |
| 4 | Total accountable gallons (line 1 + line 2 - line 3) | 4 | |
| 5 | Tax-exempt gallons (total from Schedule B on page 2) | 5 | |
| 6a | IFTA taxable gallons | 6a | |
| 6b | Non IFTA taxable gallons | 6b | |
| 6 | Total taxable gallons (line 6a + line 6b) | 6 | |
| 7 | Washington power take-off credit gallons * | 7 | |
| 8 | Tax paid purchases (Schedule A, line A1) | 8 | |
| 9 | Net taxable or credit gallons (line 6 - line 7 - line 8) | 9 | |
| 10 | Special fuel tax (line 9 x \$.494) | 10 | |
| 11 | Penalty (line 10 x 10%) | 11 | |
| 12 | Sum of line 10 + line 11 | 12 | |
| 13 | Interest (line 12 x 1%) | 13 | |
| 14 | Total fuel tax liability (line 12 + line 13) | 14 | |
| 15 | Previous payments (Amended returns only) | 15 | () |
| 16 | Sales tax owed or credit claimed (See instructions) | 16 | |
| 17 | Total adjustments (line 15 + line 16) | 17 | |
| 18 | If total of lines 14 - 17 is greater than zero, amount owed | 18 | |
| 19 | If total of lines 14 - 17 is less than zero, net refund amount | 19 | () |
| Printed name of person signing | | Contact name (if different from person signing) | |
| Contact (area code) phone number | Contact (area code) fax number | Contact email address | |

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

X

Date and place

Signature **REQUIRED**

Please keep a copy of this tax return for your records.

IFTA Special Fuel Authorization Tax Return

Name _____ Account number _____

Schedule A - Fuel purchased in Washington

| | | | |
|--|-----------------------|----|--|
| A1 Gallons purchased tax paid | line 8, page 1 | A1 | |
| A2 Non-taxed diesel from Washington licensed suppliers or special fuel tax importers | | A2 | |
| A3 Other (explain) | | A3 | |
| Total fuel (add lines A1 through A3) | line 2, page 1 | | |

Record of off-highway use by non-IFTA vehicles * *

| | | |
|---|---|--|
| A Miles traveled in all jurisdictions | A | |
| B Total gallons of fuel placed into vehicles in all jurisdictions | B | |
| C Average miles per gallon (line A divided by line B) | C | |
| D Miles traveled off Washington public roads | D | |

Schedule B - Tax exempt Washington gallons used

| | | |
|---|-----------------------|--|
| B1 Washington off-highway gallons (used by non-IFTA qualified vehicles) * | B1 | |
| B2 Non-highway equipment use | B2 | |
| B3 Other (explain) | B3 | |
| Total exempt (add lines B1 through B3) | line 5, page 1 | |

* Use line B1 to report only those off-highway gallons used in Washington by vehicles that are not reported on the IFTA tax return. This amount is computed by dividing Line D by Line C. Off-highway credit gallons for IFTA qualified vehicles (over 26,000 GVW or which have three axles regardless of weight) must be reported on the IFTA tax return.

* *Record the mileage and fuel totals for all vehicles that are not reported on the IFTA tax return.

If payment is enclosed, send this completed form and supporting documents to:
 Prorate and Fuel Tax, Department of Licensing, PO Box 9048, Olympia, WA 98507-9048

If payment is not enclosed, send this completed form and supporting documents to:
 Fuel Tax Unit, Department of Licensing, PO Box 9228, Olympia, WA 98507-9228
 or fax to (360) 570-7829 or (360) 570-7839