

For Office Use Only

Account Number:  
IFTA License Number:

Name:  
Street Address:  
City:  
State:  
Zip code:

<input type="checkbox"/>	No Operations in any jurisdiction
<input type="checkbox"/>	Cancel License
<input type="checkbox"/>	Amended Return
<input checked="" type="checkbox"/>	Address Change

### IFTA Quarterly Fuel Use Tax Return

File this return even if there is not tax due.

Use this form for filing you Quarterly Fuel Use Tax Return as required under the International Fuel Tax Agreement (IFTA).

**Read the instructions on the next page carefully. Make a copy of this return for your records.**

Attach check or money order payable to: <b>Comptroller of Maryland</b> See <b>Mailing Instructions</b> on the next page.	Enter the amount of your payment here \$
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Enter the Total from column P of Form IFTA-101, *IFTA Quarterly Fuel Use Tax Schedule*, form for each fuel type. Enter any credit amounts in brackets. Attach a Form IFTA-101 for each fuel type reported below.

1 Diesel . . . . .	1		
2 Gasoline . . . . .	2		
3 Ethanol . . . . .	3		
4 Liquid Propane (LPG) . . . . .	4		
5 All other fuel types not listed in items 1 thru 4 (from worksheet on 2 <sup>nd</sup> page of IFTA-101-I) . . . . .	5		
6 Subtotal of amount due or (credit) (add lines 1 thru 5 above) . . . . .	6		
7 Penalty (see instructions) . . . . .	7		
8 Total balance due or (credit) (add lines 6 and 7) . . . . .	8		
9 Credits available as. . . . .	9		
10 Balance due/(credit) (subtract line 9 from line 8) . . . . .	10		
11 Refund amount requested . . . . .	11		

I certify that this business is duly licensed and that this return, including any schedules, is to the best of my knowledge and belief true, correct and complete.

Authorized signature	Date	Taxpayer's phone number ( )
Official title	Paid preparer's EIN	
Paid preparer's name or firm (if other than taxpayer)	Paid preparer's phone number ( )	
Paid preparer's address		
Paid preparer's signature	Date	

See *Mailing Instructions* on next page.

DO NOT FILE