MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711 ext 2
fax (775) 684-4619
www.dmvnv.com

Account #:_____ **Reporting Period**: _____

Carrier Name: _____

IDAHO TRIBAL FUEL PURCHASE WORKSHEET

Date	Retail Location Company Name – Address – City, State	# of Gallons	Type of Fuel

Pursuant to the attached notice from Idaho, purchases from tribal retail stations cannot be claimed as tax paid purchases on the International Fuel Tax Agreement (IFTA) tax return. This form will assist in reconciling your tax paid and non-tax paid purchases for Idaho.

Please list all special fuel purchases from a tribal retail station listed on the notice for the reporting period indicated above and return with your tax return.

Under penalties of perjury, I declare that as taxpayer or preparer, I have examined this report and to the best of my knowledge and belief, it is correct and complete.

Signature_____ Date_____

Title_____ Telephone_____