

MAKE CHECK PAYABLE (IF APPLICABLE) TO DMV AND SUBMIT WITH TAX RETURN & FORM 366 SCHEDULE 1
MAIL TO: MOTOR CARRIER DIVISION, FUEL USER TEAM, 555 WRIGHT WAY, CARSON CITY, NV 89711

NV MOTOR CARRIER # TAX PERIOD IFTA LICENSE NUMBER

- CHECK THIS BOX IF THIS IS AN AMENDED RETURN
- CHECK THIS BOX IF CHANGING ADDRESS
- CHECK THIS BOX IF YOU HAVE DISCONTINUED OPERATIONS IN NEVADA AND ATTACH A CREDENTIAL RETURN RECEIPT (MC021) TO CLOSE YOUR ACCOUNT

NAME AND MAILING ADDRESS:

LOCATION ADDRESS:

READ INSTRUCTIONS ON THE REVERSE SIDE, COMPLETE AND ATTACH NEVADA FORM 366 SCHEDULE 1 RETURNS MUST BE FILED EVERY TAX PERIOD EVEN IF THERE IS NO TAX DUE THIS RETURN IS DUE ON OR BEFORE THE LAST DAY OF THE MONTH FOLLOWING THE TAX PERIOD INDICATED ABOVE			
(A)	(B)	(C)	(D)
IFTA USER (CHECK EACH FUEL TYPE USED THIS QUARTER)	Total Miles Traveled in All IFTA Jurisdictions (from Schedule 1 Column D)	Total Gallons Used in All IFTA Jurisdictions (From Schedule 1 Column G)	Average Miles Per Gallon (MPG) (Column B ÷ Column C) Carry to 2 Decimal Places
1 <input type="checkbox"/> Diesel			
2 <input type="checkbox"/> Gasoline			
3 <input type="checkbox"/> Gasohol			
4 <input type="checkbox"/> Propane			
5 <input type="checkbox"/> Natural Gas			
6 <input type="checkbox"/> Kerosene			

FUEL TAX COMPUTATION *Enter Data on Schedule 1, if applicable*

7 Tax due or credit (see reverse side)	7 \$
8 Penalty (see reverse side)	8 \$
9 Interest (see reverse side)	9 \$
10 Total tax due or credit, penalty and interest (total of lines 7, 8 and 9)	10 \$
11 Previous balance due or credit calculated through	11 \$
12 BALANCE DUE or CREDIT CLAIMED. If balance due, pay in full with return.	12 \$

REFUND REQUESTED (If not checked, any overpayment will be applied to next return)
Note: Refunds under \$5.00 will not be processed.

Under Penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is correct and complete.

Authorized Signature

Signature of Preparer Other than Taxpayer

Printed Name / Title

City, State, Zip Code

Telephone Number Date

Telephone Number Date

FOR OFFICE USE ONLY

RECEIVED DATE _____
CHK AMT / NUMBER \$ _____ # _____
DEPOSITOR INITIALS _____
CARRIER NUMBER _____

POSTMARK DATE _____
DATE POSTED & INITIALS _____
ADDITIONAL COMMENTS _____

