

Motor Carrier Direct Pay Application

Complete this application if you engage in **interstate transportation** and want to pay Minnesota sales tax based on the Minnesota prorate percentage (M.S. 297A.90).

	Name of Applicant		Minnesota Tax ID Number
Print or Type	nume of Approach		Thinnessee ran 2 remise.
	Name of Applicant's Business		Daytime Phone
			()
	Business Address		E-mail Address
_	City State	ZIP Code	
	Check the reason you qualify for this permit. Enter any additional information requested.		
Qualifications	I hold ICC number Attach a copy of your permit.		
	Attach a copy of your permit.		
	Libert assessed assessed the a interested a Fester constant and DOT file assessed as		
	I haul exempt commodities interstate. Enter your DOT file number		
	Lam a private carrier Enter your prorate number		
	I am a private carrier. Enter your prorate number		
	I am under contract with an interstate carrier.		
Öű			
	Carrier's ICC number Attach a copy of the contract.		
	N. C. S.		
	Name of carrier		Date of contract
	Address		Dhono
	Address		FIIOHE
	Check the reasons you are applying for this permit. Enter any add	ditional information reques	ted.
Reason for Application			
	To pay the prorated tax on purchases of qualifying parts and accessories for interstate mobile transportation equipment.		
	To pay the prorated tax on payments made for leasing interstate mobile transportation equipment (complete the following).		
	Company from which you	·	
₩ Ā	lease the equipment		, Y
	• • • • • • • • • • • • • • • • • • • •		
	Address		
Sign Here	I declare that the information on this application is true and correct to the best of my knowledge and belief.		
	Signature of applicant	Title	Date
	Signature of appreciate	Title	Bute
	AA 11		
	Mail or fax to: Minnesota Revenue, Mail Station 6330, St. Paul, MN 55146-6330. Fax: 651-556-3102. If you have questions, call 651-296-6181. To apply for a Minnesota tax ID number, call 651-282-5225.		