

## Indiana Department of Revenue

## International Registration Plan Schedule B

1	1. Legal Name				7. Mailing Address				12. IRP Account Number			13. Fleet Num	iber	
Section	2. Street Address			3. County	8. County		9. City		14. USDOT Number		15. IFTA License Number			
Š	4. City 5. State		5. State	6. ZIP Code	10. State		11. ZIP Code		16. Taxpayer ID Number					
Section 2									17. Account Contact Person					
Jurisdiction		Mileage		Jurisdiction	Mileage	Jurisd	iction	Mileage	18.	18. Account Contact Person Telephone Nu		hone Number		
Alberta				Alabama		Arkans	sas							
Arizona				British Col		Californ	nia		19. Type of Carrier (check all that			apply)		
Colorado				Connecticut		Wash.	D.C.			Private Carrier	Exempt Commodity Carrier Household Goods Carrier			
Delaware				Florida		Georgi	ia							
Iowa				Idaho		Illinois				(Common Carrie	r)			
Kansas				Kentucky	Louisia		ana			Section 3				
Massachusetts				Manitoba		Maryla	Maryland		20. Please designate the appropriate year for the Mileage Reporting					
Maine				Michigan	Minnes		sota		Peri	Period of July 1, throu		gh June 30,		
Missouri				Mississippi		Montar	Montana		21. Total Indiana Miles					
New Bruns.		N. Carolina		N. Dake		ota								
Nebraska				Newfoundland		N. Han	N. Hampshire							
New Jersey				New Mexico		Nova Scotia		Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I am providing proof of financial responsibili-						
Nevada				New York		Ohio								
Oklahoma				Ontario		Oregon			ty p	ty prior to affixing my signature hereto.			0.	
Pennsylvania		Prince Ed. Is.		Quebec		>								
Rhode Island		S.		S. Carolina		S. Dak	S. Dakota		Sign	nature of Owner		Title	 Date	
Saskatchewan		Tenr		Tennessee		Texas		or Responsible Officer						
Utah		Virginia			Vermont									
Washington		Wisconsin		For Official Use Only		Nan	ne of Your Insurance (	Company	Licensed in Inc	liana				
Wes	t Virginia	Wyoming			Actual Miles			Poli	cy Number		rance Company	Phone Number		
Enter actual distance for all jurisdictions in which you traveled in the mileage column. If you have no actual									7 1 011	cy Number	IIISUI	ance company	THORIC INGILIBEI	
distance, check this box  for first year miles. All jurisdictions will be shown on your cab cards for all vehicles.								Add	ress of Insurance Cor	npany				

## Instructions for Completing International Registration Plan Schedule B

Section 1 Section 2

**Line 1:** Enter the Legal Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The department will register the applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

**Lines 2 through 6:** Enter the street address if different than the Indiana business street address on the Schedule A.

**Lines 7 through 11:** Enter the mailing address if different than the applicant mailing address on the Schedule A. Each fleet may have an independent mailing address where credentials or other correspondence regarding the fleet will be sent by the IRP Unit.

- Line 12: Enter the Indiana IRP Account Number.
- **Line 13:** Enter the fleet number.

**Line 14:** Enter the USDOT Number of the registrant. All IRP registrants are required to obtain a USDOT Number unique to the registrant. The USDOT Number should be in the name in which the registrant registered with the Indiana Secretary of State or Indiana Department of Revenue.

**Line 15:** Enter the International Fuel Tax License Number. The registrant is responsible for providing proof of IFTA responsibility whether through the registrant having an IFTA License or through a Lease Agreement.

**Line 16:** Enter the Taxpayer Identification Number of the applicant. All business entities must register with the Indiana Department of Revenue and obtain a taxpayer identification number.

**Line 17:** Enter the name of the person who is responsible for conducting the fleet's business with the IRP Unit. If the contact person is not a listed responsible officer of the business entity, then a Power of Attorney is required, with the signature of a responsible officer and the contact person designee.

**Line 18:** Enter the telephone number of the fleet contact person.

**Line 19:** Enter the type of carrier. Please indicate all the carrier types that apply to this fleet.

For each IRP jurisdiction in which you traveled, enter the total mileage of the fleet in the jurisdictions during the appropriate mileage reporting period. Enter actual miles for jurisdictions traveled or check the box if you have no actual distance to report.

## Section 3

**Line 20:** Enter the years of the mileage reporting period.

The Schedule B must be signed by the responsible person. Please include the job title and date.

Print or type the full name of your insurance company licensed in Indiana (not the agency or group). Enter your policy number.

Print or type the address and telephone number of your insurance company.

Falsification of this information will subject you to a jail term of up to 2 years, a fine of up to \$10,000 and suspension of the individual's driver's license for a period of up to one year.