State of Rhode Island Division of Taxation **IFTA-REN**



International Fuel Tax Agreement (IFTA) Renewal Form

16127899990101

Legal name		Licensee IFTA iden	tification number
Business name (if different from above)			d end date - MM/DD/YYYY
Physical address	City, town or post office		State ZIP code
Mailing address (include apt., office or unit #, if any)	City, town or post office		State ZIP code
Contact name for questions regarding this decal order		Telephone numbe	er
		()	-
E-mail address		/	
		ICENSE.	cable line.
You will be issued to	vo IFTA decals for each vehic	cle.	

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IMAGEONLY

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Legal name	Licensee IFTA identification number
	R I 0 0

VEHICLE IDENTIFICATION NUMBERS

For each IFTA decal requested, please provide the plate number, state of registration, and the vehicle VIN number for each IFTA qualified vehicle.

You will receive a decal for each vehicle listed.

	Plate Number	State of Registration	Vehicle Identification Number (VIN)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Please attach additional sheet(s) if needed. Taxpayer spreadsheets containing the above requested information will be accepted in lieu of this form.

