

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	Name of applicant's business		Daytime phone
	Business address		E-mail address
<u>a</u>	City Sta	ate Zip code	
Qualifications	Check the reason you qualify for this permit. Enter any additional information requested.		
	☐ I hold ICC number Attach a copy of your permit.		our permit.
	I haul exempt commodities interstate. Enter your DOT file number		
	I am a private carrier. Enter your prorate number		
	I am under contract with an interstate carrier. Carrier's ICC number Attach a copy of the contract.		
	Name of carrier Date of contract		
	Address		Phone
	Check the reasons you are applying for this permit. Enter any additional information requested.		
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 lease the equipment		Monthly \$ lease payment
	Address		
Sign here	I declare that the information on this application is correct and complete to the best of my knowledge and belief. Signature of applicant Title Date		
is a			
	Mail or fax to: Minnesota Revenue, Mail Station 6330, St. Paul, MN 55146-6330. Fax: 651-296-1938.		
	If you have questions, call 651-296-6181. To apply for a Minnesota tax ID number, call 651	L-282-5225.	
	TTY: Call 711 for Minnesota Relay.		