



# 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 prorated percentage (M.S. 297A.90).

<b>Print or type</b>	Name of applicant _____	Minnesota tax ID number _____
	Name of applicant's business _____	Daytime phone (      ) _____
	Business address _____	E-mail address _____
	City _____ State _____ 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.

I haul exempt commodities interstate. Enter your DOT file number \_\_\_\_\_

I am a private carrier. Enter your prorated 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 \_\_\_\_\_

**Reason for application**

Check the reasons you are applying for this permit. Enter any additional information requested.

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 _____
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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 651-282-5225.  
TTY: Call 711 for Minnesota Relay.