

Pepartment of Taxation and Finance Payment Voucher and Instructions for IFTA Returns Filed Electronically

(518) 457-5431

IFTA-100-V

Who must use this form?

You **must** submit this voucher with your payment if you file a balance-due return, Form IFTA-100, using IFTA E-file.

Mailing instructions

Attach check or money order payable in U.S. funds to *Commissioner of Taxation and Finance*.

Include on your check or money order your identification number, *Form IFTA-100-V*, and the period covered by this payment.

Detach and mail your voucher along with your payment to this address:

NYS TAX DEPARTMENT IFTA RETURNS PO BOX 15194 ALBANY NY 12212-5194

Private delivery services – See Publication 55, *Designated Private Delivery Services,* if not using U.S. Mail.

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our website, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

Need help?



Visit our website at *www.tax.ny.gov*

get information and manage your taxes online

check for new online services and features



Telephone assistance

To order forms and publications:

Miscellaneous Tax Information Center: (518) 457-5735



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

Detach along the dotted line and submit bottom portion with payment



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Licensee IFTA identification number	Period	Due date	Jurisdiction
NY			New York
Taxpayer name			
Amount due	Remittance amount		
	\$		

For office use only