



Washington State IFTA Information Release Request

Use this form to request certified copies of your Washington State International Fuel Tax Agreement (IFTA) tax returns. If you are a service bureau, provide a copy of the Power of Attorney document. Processing time for this request may vary but will not be longer than 5 business days. Mail, fax, or email your completed request and any attachments to:

Prorate and Fuel Tax Services
Department of Licensing
PO Box 9228
Olympia, WA 98507-9228

Fax: (360) 570-7829 or (360) 570-7839

Email: MotorCarrierServices@dol.wa.gov

PRINT or TYPE Requestor name		
Business name		
Address		
City		State ZIP code
(Area code) Phone number	(Area code) Fax number	Email address
EIN	IFTA account number	Fuel type
Are you a service bureau or agent? <input type="checkbox"/> Yes (if yes, provide copy of Power of Attorney) <input type="checkbox"/> No		How would you like to receive your copies? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail
Check quarters needed <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	Year _____ _____ _____ _____ _____ _____ _____	Comments

By certifying below, you are attesting to having authorization to sign this form. You are listed as the real property owner, business owner, partner, corporate officer, or LLC member/manager in official records held by Washington State. If not, attach the proper documentation that grants you this authority to sign. Proper documentation is power of attorney, an annual report, or executor.

This authorization remains in effect until the request is processed. Tax information is confidential and cannot be shared with anyone without express permission.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

	PRINT or TYPE Name X Signature
Date and place	