

GETTING STARTED CHECKLIST:



NAME: _____ Date: _____

FAX: _____ ACCT: _____

Thank you for your call! In order to help you obtain your IFTA License, please return the following information:

- Power of Attorney -attached (Please sign and return)
- Agreement to Maintain Records – attached (Please sign and return)
- Company Profile – attached. (Please complete and return)
- Copy of Driver's License – attach copy
- Copy of all fuel and mileage permits in your name. (IFTA, New Mexico, Oregon, Kentucky, New York) – attach copy
- DOT# _____
- Service Agreement
- Name & Location of Bank: _____
- Vehicle Description: Year: _____ Make: _____ VIN# _____
License#: _____ (just send a copy of the Cab Card)

We do need everything requested above in order to provide tax reporting services. If anything is omitted, it will delay the processing.

I am also attaching a blank "Trip Log" form used to help keep records. At the end of each month they can simply be faxed to us for processing and preparation of quarterly IFTA Tax Returns.

There is helpful information on our website – www.a-log.com. If you have any questions, just give us a call. We are always here to help and answer your questions.

Nancy Jenkins

COMPANY PROFILE

Please complete the following form with as much information as possible. If you have any questions, please call us for assistance at (909) 596-6221.

Contact Name	
Company Name	
Physical Address	
Mailing Address	
Contact Phone #	

Business Structure	Tax ID #	DOT #
(Sole Proprietor, Partnership, Corporation, LLD)		

Vehicle Information:

Year and Make of Vehicle:	Purchase Price:	Purchase Date:
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Insurance Information:

Agent Name:	Phone #:
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What States will you be operating in?

(11 Western - 48 States - or Specify States)
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A few final questions:

1. What is your Drivers License #? _____

2. What type of goods do you usually haul? _____
(For example – "General Commodities", "Dry Bulk", "Produce" "Chemicals" "Hazardous Waste" etc)

3. Do you use Customers trailers or containers? **Yes** **No**

4. Are you currently Leased to another carrier? **Yes** **No**

If "Yes" complete the name of the Company leased to: _____



P.O. Box 7115 La Verne, CA 91750
(909) 596-6221 (909) 596-2042 (FAX)
DMV OL# 43083 CTEC #A150071

SERVICE AGREEMENT

A-Log, Inc. offers the following services to our Clients:

- Fuel Tax Reports – Quarterly IFTA Tax Reports, New Mexico Weight Distance Tax Returns, Kentucky Weight Distance Tax Reports, Oregon Motor Carrier Tax Returns (Quarterly and Monthly) upon submission of Trip information by Client.
- Heavy Highway Vehicle Use Tax Returns – for commercial vehicles over 55,000 pounds upon request
- Miscellaneous Annual Property Tax Reports – for our clients registered to travel in Arkansas and Kansas.
- DMV – Vehicle registration, additions & deletions; Titling, Permits upon request.
- Annual Renewals of vehicle registration, UCR and fuel & mileage permits upon request.
- Miscellaneous Applications: US DOT #'s; Motor Carrier Authority; CA#; MCP Permits; Additional Decals; Temporary Permits; Changes of Address; Closure of Accounts upon request.
- Forms & Advice – easy to use Trip Log forms to help keep and maintain records in compliance with Agency record keeping requirements.
- Newsletters – with helpful information to keep you educated and on top of “what’s coming up next.”
- Reminders of upcoming report filing deadlines and renewal application deadlines.
- Assistance in the event that your tax returns are selected for Audit.

All reports prepared by A-Log, Inc. are based upon information provided by the Client. Alog is not responsible to audit information at the time tax returns are prepared. However, we do our best to alert Clients if we notice incomplete or irregular information.

Clients are responsible to:

- Keep good records in accordance with the guidelines set forth by the Board of Equalization (BOE-50), the Department of Motor Vehicles (REG 522) and other Generally Accepted Accounting Principals that apply to your business. The client is responsible for the accuracy, completeness and integrity of the information provided to A-Log, Inc.
- Submit records for reporting no later than the 10th of the month that reports are due. (January, April, July and October for quarterly fuel reporting) For services that do not require the submission of records, it is the responsibility of each client to request A-Log’s assistance as they need it and/or respond to notices sent by Alog regarding renewal of licenses and permits.
- Maintain receipts, trip logs and copies of your tax returns for a period of four (4) years in the event they are selected for an Audit.
- Respond promptly to all billings, notices and requests for information. Additional fees, penalties and interest are charged for late reports and are the responsibility of the Client.
- Change of Address notifications. Delays created by incorrect addresses or the U.S. Postal Service that result in additional penalties are the responsibility of each Client.
- Provide A-log with the name of Registration and Insurance Agents so that we have your permission to disclose information required each year for renewals in a timely manner:

Vehicle Registration Agent: _____ Phone #: _____

Insurance Agent: _____ Phone #: _____

The above terms and conditions of service are acknowledged and accepted:

Date

Tax Payer

e-mail address

**ACKNOWLEDGEMENT OF LICENSEE
RESPONSIBILITIES UNDER THE
INTERNATIONAL FUEL TAX AGREEMENT**

You have applied for or have been granted a license under the International Fuel Tax Agreement (IFTA) with California. The license carries with it many responsibilities.

- You must prepare and maintain operational records for each qualified motor vehicle (QMV) to support:
 - All distance traveled,
 - All fuel purchases,
 - Other information as required by IFTA.
- You must maintain these records for a period of four years from the due date of your IFTA *Quarterly Fuel Use Tax Return*, or the date the return was filed, whichever is later.
- You must report your travel and fuel purchases for each QMV on the IFTA *Quarterly Fuel Use Tax Return*.
- You must complete and file the IFTA *Quarterly Fuel Use Tax Return* on or before the due date for each reporting period.
- You must pay amounts due on or before the due date of the return or billing.
- You must display an IFTA decal on each side of the cab of each of your QMVs.
- You must carry a copy of your IFTA license in the cab of each of your QMVs.

If you do not fulfill your responsibilities under your IFTA license, you will be subject to one or more actions by the Board of Equalization (BOE):

- Failure to file the IFTA *Quarterly Fuel Use Tax Return*, to make records available, and/or to provide adequate records for audit may result in an assessment based on an estimation of the fleet's true liability, using figures of 4.00 miles per gallon and 30,000 miles per QMV per calendar quarter to calculate the tax liability, plus applicable penalties and interest. In addition, no credit for tax paid fuel will be allowed.
- If you do not file your IFTA *Quarterly Fuel Use Tax Return* timely, you will be subject to penalty and interest.
- Failure to pay assessments may result in impoundment of your QMV. The BOE may sell the impounded QMV to collect amounts due.
- If you do not display IFTA decals, you may be assessed a fine or penalty in every U.S. State or Canadian Province in which you travel.
- If you do not display IFTA decals or possess a valid California Fuel Trip Permit when entering California, you may be assessed a penalty from \$100 up to \$500 or, if tax is assessed, a penalty of \$500 or 25% of the tax assessed, whichever is greater. The tax and penalty assessments must be paid before your QMV will be allowed to leave the inspection site.

PLEASE NOTE: You are responsible for all of the above items. If you use a service agent and that person does not maintain your records as indicated above or does not file your returns timely, you are responsible for any tax, penalty, and interest due. Simply providing information to your service agent does not mean your tax returns have been filed with the BOE.

DECLARATION

The undersigned* has read this document and acknowledges the responsibilities of holding a license under the **International Fuel Tax Agreement and specific California requirements.**

NAME <i>(please print)</i>		ACCOUNT NUMBER	
STREET ADDRESS		IF MT 59-	
CITY	STATE	ZIP CODE	
SIGNATURE		TITLE	

***This document must be signed by a corporate officer, owner, partner, or an authorized company employee, not a service agent.**

Detailed information on each of the above requirements can be found in BOE publication 50, *A Guide to the International Fuel Tax Agreement*. To view a copy of publication 50, visit our website at www.boe.ca.gov. Printed copies can be obtained by writing to the Motor Carrier Section, P.O. Box 942879, Sacramento, CA 94279-0065, by calling 916-322-9669, or by calling our Taxpayer Information Section at 800-400-7115. Also available in Spanish.

POWER OF ATTORNEY

Check below to indicate the appropriate agency. Please note that a separate form must be completed and provided to **each** agency checked.

STATE BOARD OF EQUALIZATION OREGON DOT-MCDT **Department of Motor Vehicles**
 PO BOX 942879 550 SALEM STREET NE IRP Account #:
 SACRAMENTO CA 94279-0001 SALEM, OREGON 97301 - 2530 For Registration Year 2011
 800-400-7115 (503) 378-6699

TAXPAYER'S NAME		BUSINESS OR CORPORATION NAME	TELEPHONE NUMBER	FAX NUMBER
SOCIAL SECURITY NUMBER <small>(See Form BOE-324-A, for SS Number disclosure information.)</small>	FEDERAL EMPLOYER IDENTIFICATION NUMBER(S)	CALIFORNIA SECRETARY OF STATE NUMBER(S)		
BOARD OF EQUALIZATION ACCOUNT/PERMIT(S)		EDD EMPLOYER ACCOUNT NUMBER		
MAILING ADDRESS <small>(street & number, city, state, zip code)</small>				

- Sole Owner Partnership Corporation Limited Liability Company (LLC)
 Other _____ Husband /Wife Co-Ownership

As owner, officer, receiver, administrator, or trustee for the taxpayer, or as a party to the tax or fee matter before the

State Board of Equalization OREGON DOT-MCDT **Dept of Motor Vehicles** **FMCSA**

I hereby appoint: [enter below the individual appointee(s) name(s), addresse(s) (including zip codes), telephone number(s) and FAX number(s). Do not enter names of accounting or law firms, partnerships, corporations, etc., as the appointee name]

APPOINTEE NAME(S) <u>Nancy Jenkins, Mila Hakova, Ana Luna, Casey Jenkins</u>	APPOINTEE NAME(S)
APPOINTEE BUSINESS NAME <small>(if applicable)</small> <u>A-Log</u>	APPOINTEE BUSINESS NAME <small>(if applicable)</small>
APPOINTEE ADDRESS <small>(street & number)</small> <u>P.O. Box 7115</u> <small>(city) (state) (zip code)</small> <u>La Verne CA 91750</u>	APPOINTEE ADDRESS <small>(street & number)</small> <small>(city) (state) (zip code)</small>
TELEPHONE NUMBER <u>(909) 596-6221</u>	FAX NUMBER <u>(909) 596-2042</u>

As attorney(s)-in-fact to represent the taxpayer(s) for the following tax or fee matters: [specify type(s) of tax]

- Franchise and Income Tax Law **Apportioned Registration**
 Sales & Use Tax Law **FMCSA**
 Use Fuel Tax Law Other: Heavy Highway Vehicle Use Tax Report

SPECIFY THE TAX OR FEE YEAR(S) OR PERIOD(S) [IF ESTATE TAX, INDICATE DATE OF DEATH] (for Board of Equalization and Franchise Tax Board purposes)

This Power of Attorney is in effect from date signed and continues until cancelled.

The attorney(s)-in-fact (or any of them) are authorized, subject to revocation, to receive confidential tax information and to perform on behalf of the taxpayer(s) the following acts for the tax or fee matters described above: [Check the box(es) for the powers granted.]

- General Authorization (including all acts described below).
 Specific Authorization (selected acts described below).
 - To confer and resolve any assessment, claim or collection of a deficiency or other tax or fee matter pending before the identified agency and attend any meetings or hearings thereto for the specified law identified above.
 - To receive, but not to endorse and collect, checks in payment of any refund of taxes, penalties or interest.
 - To execute petitions, claims for refund and/or amendments thereto.
 - To execute consents extending the statutory period for assessment or determination of taxes.
 - To execute closing agreements under section 19441 of the California Revenue & Taxation Code.
 - To execute settlement agreements under section 19442 of the California Revenue & Taxation Code.

(The back of this form must be completed)

- To request changes to mailing address.
- To transfer ownership on a Title or Bill of Sale.
- To sign IRP applications for vehicle registration.
- To delegate authority or to substitute another representative.
- Other acts (*specify*): To obtain, complete, & submit applications for permit authority, additional decals and annual renewals; to prepare, sign & submit documents and checks that may be necessary for filing fuel & mileage reports; to accept any official notice required by statute; to do business over Agencies web sites.

Franchise Tax Board (FTB) will send you and your first representative listed a copy of FTB computer generated notices as they become available.

- Check this box if you do not want FTB to send copies of available FTB computer generated notices to your first representative listed.

(Note: Not all FTB processing systems are capable of generating representative copies at this time.)

This power of attorney revokes all earlier Power(s) of Attorney on file with the California State Board of Equalization, the Employment Development Department, or the Franchise Tax Board as identified above for the same matters and years or periods covered by this form, except for the following: [Specify to whom granted, date and address, or refer to attached copies of earlier power(s)]

NAME	DATE POWER OF ATTORNEY GRANTED
ADDRESS (street & number, city, state, zip code)	

Unless limited, this Power of Attorney will remain in effect until the final resolution of all tax matters specified herein. (If limited term, specify expiration date.)

TIME LIMIT/EXPIRATION DATE (for Board of Equalization and Franchise Tax Board purposes)

Signature of Taxpayer(s) — If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, by signing this Power of Attorney you are certifying that you have the authority to execute this form on behalf of the taxpayer.

▶ IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL, IT WILL BE RETURNED AS INVALID.

SIGNATURE 	TITLE (if applicable)	DATE
PRINT NAME		TELEPHONE ()
SIGNATURE 	TITLE (if applicable)	DATE
PRINT NAME		TELEPHONE ()

Please sign & return.