



**MOTOR VEHICLE FUEL TAX PAYMENT VOUCHER**  
 OFFICE OF STATE TAX COMMISSIONER  
 SFN 23023 (7-2006)

**61**

Name	Federal Identification Number with Suffix
City	State
Reporting Period (year/month)	Payment Amount
Form Type (check one) <input type="checkbox"/> Original Tax Return <input type="checkbox"/> Amended Tax Return <input type="checkbox"/> Assessment - Billing	

Mail to:  
 Office of State Tax Commissioner  
 600 E. Boulevard Ave., Dept. 127  
 Bismarck, ND 58505-0599

**(For Office Use Only)**  
 Postmark Date: (mm/dd/yyyy)

**PLEASE DO NOT WRITE IN THIS SPACE**

**61**