

MOTOR FUELS TAX PAYMENT VOUCHER

North Dakota Office of State Tax Commissioner

LP GAS

60

Name:
City / State:
Federal ID with Suffix:
Period Ending: (Year/Month)
Form Type: (Check One) <input type="checkbox"/> J11 = Original Tax Return <input type="checkbox"/> J40 = Amended Tax Return <input type="checkbox"/> Asmt = Billing
Payment Amount:

North Dakota 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