



AVIATION FUEL TAX PAYMENT VOUCHER
 OFFICE OF STATE TAX COMMISSIONER
 SFN 23013 (7-2006)

53

Name	Federal Identification Number with Suffix
City	State
Reporting Period (year/month)	Payment Amount
Form Type (check one) <ul style="list-style-type: none"> <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

53