



SPECIAL FUEL TAX PAYMENT VOUCHER
 OFFICE OF STATE TAX COMMISSIONER
 SFN 23017 (7-2006)

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| | |
|--|---|
| 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

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