Due Date:

Instructions: Fill out the requested information as it best describes your fleet's normal operations. This form may be downloaded from wisconsindot.gov and filled in electronically. Search for MV2684. If you require additional space, attach sheets to the end of this form. Where sample records are asked to be attached, please send copies and not the actual record. If you require assistance in completing this questionnaire, contact the auditor assigned to your audit at the contact information listed below. Further information on record keeping and audits can be found at https://wisconsindot.gov/Pages/dmv/com-drv-vehs/mtr-car-trkr/audit.aspx.

Complete and return this form to:	Assigned Auditor Contac	ct Informati	on
WisDOT – Division of Motor Vehicles Motor Carrier Services Audit Unit 4822 Madison Yards Way, 3 rd Floor South Madison, WI 53705	Name: Phone: Email:		
Company Information			
1. Licensee/Registrant Legal Name	2. IFTA Account Number:		
	IRP Account Number:		
	USDOT Number:		
3. Contact Name(s)			
o. Contact Hamo(o)			
4. Contact Phone Number (include area code and any extension	n)		
5. Contact Email Address			
6. Best Day(s) and Time(s) to Contact			
7. Mailing Address Street/PO Box City		State	Zip Code
8. Do you use a permit or compliance service?	□Yes	□ No (Skip	to question 14)
9. Service Agent Business Name	10. Service Agent Contact Name		
11. Service Agent Phone number (with area code)	12. Service Agent Email Address		
	, and the second		
13 When did you begin using this service?			

	ness O hat is yo																
□For-	Hire Ca	rrier						□Priv	ate		□Owner/Operator						
15. W	hich Sta	tes or .	Jurisdict	ions do	you dri	ve or ha	ave activ	vity?									
United	States		AK□	AL 🗆	AR □	AZ 🗆	CA □	СО□	СТ□	DC 🗆	DE 🗆	FL 🗆	GA □	IA 🗆	ID 🗆	IL 🗆	IN □
KS □	KY □	LA □	MA □	MD □	ME □	MI □	MN □	МО□	MS □	$MT \; \square$	NC □	ND □	NE □	NH □	NJ □	NM □	NV 🗆
NY 🗆	ОН□	ОК □	OR □	РА□	RI□	sc □	SD □	TN□	TX□	UT 🗆	VA □	$VT\square$	WA □	WI 🗆	WV□	WY 🗆	
Canad	<u>la</u>		AB □	ВС□	МВ□	NB □	NF □	NS □	NT □	ON □	PE 🗆	QC 🗆	SK □	YT 🗆			
16. W	here are	your v	ehicles	primaril	y domic	iled?											
17. W	hat com	moditie	s do yo	u haul?													
18. Ho	w are y	our Ioa	ds obtai	ined?													
19. Do	your ba	ack-hau	ıl routes	differ f	rom you	ır outbo	und rou	ites? If	yes, ple	ease ex	plain.						
20. Do	you ha	ve sea	sonal or	peak h	auling p	periods?	? If yes,	, please	explair	1.							
21. Lis	st any si	gnificar	nt chang	ges in yo	our acc	ounting	or recor	rd keepi	ng proc	edures	or pers	onnel in	the pa	st five y	ears?		
22 14/	here are	VOUR	ecorde a	etored (nhysics	Laddros	e) and	how lo	na do v	nu koon	VOUR IE	TA and	IDD ro	corde?			

Mileage Information

Attach a sample copy of the source document you use for mileage recording (e.g., trip sheet/envelope)

23. Do you use an electronic sy	stem to track mileage?		☐ Yes	□ No
24. Miles are based on: Odometer Readings Map Miles – Type of map: Standard Routes – Source: Computer Software – Name Global Positioning System (Computer Software) Electronic Logging Device (Eomother (Describe):	SPS) - Name of System:	□ Hubo	dometer Readings	
25. Reported miles are based of	n entries/information from			
☐ Drivers only	\square Drivers and reviewed by off	ice staff	☐ Office staff	
\square GPS or ELD reports (ECM m	iles)	\square GPS or ELD reports (driv	rer keyed miles)	
☐ Computer Software – Name ☐ Other (Describe):	of Program:			
26. When are miles reported? ☐ Other (Describe):	☐ In the month the trip ends	☐ In the r	nonth the trip begins	
27. When is your cut-off for data	a entry to meet the reporting dead	line? Day and Month:		
28. During the past five years, a	adjustments have been made to m	iles for:		
☐ No Adjustments Made	☐ Off-Highway Activity	☐ Single Trip Permits	☐ Trip Lease Miles	
☐ Tax Holiday	☐ Other (Describe):			
Fuel Information 29. What type of fuel purchase □ Original vendor receipts/invo □ Third party vendor billings/re		all that apply)		
☐ Other (Describe):				
	x-exempt fuel the past five years?		□ Yes	□ No
31. During the past five years, a ☐ No Adjustments Made	adjustments have been made to fu ☐ Off-Highway Activity	ıel for: □ Single Trip Permits	☐ Trip Lease Miles	
□ Tax Holiday	☐ Other (Describe):			
32. Do you make adjustments b			☐ Yes	□ No
33. Have you filed any fuel tax i	refund claims (MF-001) with the W	isconsin Department of Rev	enue during the past five yea □ Yes	rs? □ No
34. Did you use bulk fuel storag	e facilities during the past five yea	ars?		
 ☐ Yes - attach a list of fue and fuel supplier/vendor no ☐ No - skip to question 37 	• ,	ers), license #(s), physical ad	ddress(es) of bulk storage loc	ation(s)
	rehicles or off-road vehicles use th	ne same bulk storage facilitie	s as your IFTA qualified vehic	cles?
55. 55 any non in the qualified t		.s samo sam storago idollitio	□ Yes	□ No

36. How are bulk fuel withdrawals accounted for? Attach a sample copy of fuel disbursement log (such as the MV2952 Bulk Fuel Inventory Withdrawal Record) and a copy of a bulk fuel reconciliation report.

Fleet Information

Attach a complete listing of all vehicles owned and operated under your IFTA and IRP accounts. If owner/operators are part of your fleet, ensure the listing includes owner/operator company names and associated IFTA and/or IRP account numbers where applicable.

37. How many units are included in the IFTA:	he interstate fleet reports? IRP:				
38. Have these numbers varied significantly during the past five years? ☐ Yes ☐ N					
39. Do you maintain an inventory of I	FTA decal serial numbers and veh	nicles to which they are affixed?	□ Yes	□ No	
40. Have you had any long-term rent	al unit leases during the past five	/ears?			
☐ Yes – attach copies of all lease ag	reements ensuring all start and er	d dates are included			
□ No – go to next question					
41. Have you leased on any owner/o	perators during the past five years	?			
☐ Yes – attach copies of all lease ag	reements ensuring all start and er	d dates are included			
□ No – skip to question 43					
42. If owner/operators are leased on,	how many supply their own IRP r	egistration but you provide the IFT/	A credentials?		
□ None □ All (how many?	²)	me (how many?)			
Reporting Information					
43. Provide the names of the people	responsible for the preparation an	d review of the following:			
Report:	Preparer's Name:	Review	ver's Name:		
Driver's trip reports					
Monthly vehicle distance reports					
Monthly fleet distance reports					
Driver fuel reports				-	
Individual vehicle fuel reports					
Monthly vehicle fuel reports					
Monthly fleet fuel reports					
IFTA quarterly tax returns					
IRP renewals					
MCS-150 updates					
Electronic Records					
If you answered "yes" to question 23,		If no, skip to the question 67.			
44. When did you start using the syst					
Month:	Year:				
45. Are all the trucks equipped with the			☐ Yes	□ No	
46. Is the system used for reporting hours of service (HOS)? ☐ Yes					
47. Is the system permanently mounted to the truck? ☐ Yes					
48. How long does the system mainta					
49. Do you download and store the electronic data? □ Yes □					
50. Is the system integrated into the truck's ECM so that it captures life-to-date odometer readings? ☐ Yes					
51. Do your drivers still maintain paper records?					
52. What is your process to capture a	and report information if the syster	n becomes inoperative?		-	

53. What type of reports does the s	system generate? (check all th	nat apply)			
☐ formatted trip sheets ☐	travel data in a spreadsheet	format	☐ fuel r	eports	
summary reports: □	by truck	□ by fleet	□ by ju	risdiction	
54. What is the set time interval (in	minutes) between GPS readi	ngs (ping rate)?			
55. Are all GPS readings (pings) ide	entified with a time and date s	stamp?		□ Yes	□No
56. How are the GPS readings (pin					
□ by latitude/longitude	□ by closest city of 5,000	or more	☐ by street and	city name	
□ other (describe)					
57. Do you use a mileage routing s	oftware program to take locat	ion points and create rout	es of travel?		
☐ Yes – name of routing software:					□ No
58. How are the trip load origin/des	tination integrated into the sy	stem?			
59. Are the trip load origin/destination	on identified with a time, date	, and life-to-date meter re	ading?	□ Yes	□ No
60. How are state line crossings ide	entified? (check all that apply)				
☐ a location point (geo-fencing)	□ deter	mined by routing software		don't know	
61. Are state line crossings identified	ed with a time, date, and life-to	o-date meter reading?		☐ Yes	□No
62. Are fuel stops electronically ide	ntified within the system?			☐ Yes	□ No
63. Are fuel stops identified with a t	ime, date, and life-to-date me	eter reading?		☐ Yes	□ No
64. Does the system have an edit for	unction?			☐ Yes	□ No
65. How does the system account f	or erroneous and/or incorrect	locations?			
66. Provide the following information	n for the electronic system(s)	your fleet is using:			
Brand name of system:					
Company website:					
Contact name:					
Contact email:					
Contact phone:					
Summary Instructions and Do	ocument Checklist				
67. If the person(s) who prepared the and contact information:	nis questionnaire is different f	rom the contact person lis	ted in question 3,	provide the na	ame(s)
and solitast information.					
68. Provide the names and position	ititles of the people that shou	lld be included in the oper	ing audit telecon	ference:	
Names:		Position Titles:			

Please use the checklist below to identify which sample documents you are sending with the questionnaire. Do not send original records or documents. Electronic sample copies may be sent to the Auditor if prior coordination is completed. Contact your assigned Auditor for further information.

Distance Source Documents. If you have both paper and electronic records, provide a sample of each. If you use multiple electronic systems, provide a sample of each.
\square Paper copy of the trip sheet/envelope used by your drivers
☐ Paper printout of trip sheet produced from your fleet's electronic system
Bulk Fuel Records. If you have both paper and electronic records, provide a sample of each. If you use multiple electronic systems or vendors, provide a sample of each.
\square Paper copy of the bulk fuel disbursement log (such as the MV2952 or similar form)
\square Paper printout of the bulk fuel disbursement log from your fleet's electronic system
☐ Bulk fuel reconciliation report
☐ List of fuel type(s), capacity (in gallons or liters), license #(s), physical address(es) of bulk storage location(s) and fuel supplier/vendor name(s) and address
Owner/Operators. Information for any drivers or fleets operating under some or all of your operating credentials.
\Box List of all owner/operators who operated under your credentials for the past five years include their IFTA and/or IRP account numbers if they had their own credentials
\square Copies of the lease agreement for each owner/operator including start and end dates for each lease
Long Term Rental Units. Information for your fleet's long term rental units (over 30 days in length) for the past five years.
\square Copies of long term rental unit lease agreements including the start and end dates for each lease
Fleet Vehicle Listing. The listing can be an existing report you already use as long as it includes, at a minimum, the unit number, VIN and IFTA decal serial number for each vehicle operated under all or some of your credentials. For vehicles in your fleet that are owner/operators leased onto you, attach copies of all lease agreements with; owner/operator name, unit information, start and end dates of lease for affected units.
☐ Fleet vehicle listing (include all company owned vehicles, long-term rental vehicles and owner/operator vehicles)
☐ Owner/Operator listing
☐ Lease agreement information/copies