



WISCONSIN IFTA AND IRP RECORDS REVIEW QUESTIONNAIRE

Wisconsin Department of Transportation
MV2685 11/2019

Please return this form and any requested information to:

WisDOT – Division of Motor Vehicles
Motor Carrier Services Audit Unit
4822 Madison Yards Way, 3rd Floor South
Madison, WI 53705

This form may be downloaded from wisconsindot.gov and filled in electronically.

Company Information

1. Licensee/Registrant Legal Name		2. Trade/DBA Name (if different from legal name)		
3. Telephone Number (including area code)		4. Fax Number (including area code)		
5. Contact Name		6. Contact Title		
7. Contact Telephone or Cell Number (including area code)		8. Contact Email Address		
9. Best Time to Contact		10. Person in Charge of Records		
11. Physical Address:		Street	City	State Zip Code
12. Mailing Address:		Street	City	State Zip Code
13. Records Location Address		Street	City	State Zip Code
14. Federal Employer Identification Number (FEIN)		15. US DOT Number		
16. IFTA Account Number		17. IRP Account Number or IRP Exemption Reason		
18. Do you use a permit or compliance service? No <input type="checkbox"/> Yes <input type="checkbox"/>		(Skip to question 24 if non-applicable)		
19. Service Agent Business Name		20. Service Agent Contact Name		
21. Service Agent Address:		Street	City	State Zip Code
22. Service Agent Telephone Number (including area code)		23. Service Agent Email Address		



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Business Operation Information

24. What is your operating authority?

For-Hire Motor Carrier (MC Number):

Private

Owner/Operator

25. Which States or Jurisdictions do you drive or have activity?

United States: AK AL AR AZ CA CO CT DC DE FL GA IA ID IL IN
KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ
NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA
WI WV WY

Canada: AB BC MB NB NF NS NT ON PE QC SK YT

26. What commodities do you haul?

27. Additional Business Information or comments:



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Mileage Information Attach a copy of the source documents (e.g., Trip sheet/envelope used for interstate travel)

28. Miles are based on

- Odometer Readings
 - Map Miles – Type of map:
 - Standard Routes – Source:
 - Computer Software – Commercial name of program:
 - Global Position System (GPS) – Name of program:
 - Other (describe):
-

29. Reported miles are based on entries/information from

- Drivers only Drivers and reviewed by office staff Office personnel
 - Computer software – Commercial name of program:
 - Other (describe):
-

30. When are miles reported?

- In the month the trip ends In the month the trip begins
 - Other (describe):
-

31. What is your cut-off day of the month for data entry to meet the reporting deadline?

32. Have you made adjustments to your miles for:

- No adjustments were made Single trip permits Off-highway activity Trip lease miles (leasee or leasor)
 - Other (describe):
-

33. Additional Mileage Information:



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Fuel Information Provide a sample of your bulk disbursement and reconciliation reports (if any).

34. Do you use bulk fuel storage facilities? <input type="checkbox"/> No <input type="checkbox"/> Yes		35. If yes, list license # and state(s) where facilities exist License #: _____ State(s): _____	
36. What are the bulk fuel storage capacities and types of fuel in gallons/liters? (if any) <input type="checkbox"/> Diesel – Gallons: _____ <input type="checkbox"/> Bio-Diesel – Gallons: _____ <input type="checkbox"/> Dyed Diesel – Gallons: _____			
37. If you use bulk facilities, how do you account for withdrawals between IFTA qualified vehicles and other uses?			
38. Do any of your vehicles use fuel types other than Diesel or Diesel-blends? If yes, how many? <input type="checkbox"/> No <input type="checkbox"/> Gasoline: <input type="checkbox"/> Propane: <input type="checkbox"/> Ethanol/Gasohol: <input type="checkbox"/> Natural Gas: <input type="checkbox"/> Bio-Diesel: <input type="checkbox"/> Blends (describe): _____ <input type="checkbox"/> Other (describe): _____			
39. Fuel purchase records you maintain are: <input type="checkbox"/> Original vendor receipts/invoices <input type="checkbox"/> Billings via card services (e.g., card services, cardlock). Name of provider: <input type="checkbox"/> Other (describe): _____			
40. Fuel receipts/invoices are filed by: <input type="checkbox"/> Individual trip envelopes/sheets <input type="checkbox"/> Segregated by state <input type="checkbox"/> Unsorted with other invoices <input type="checkbox"/> Other (describe): _____			
41. Was tax exempt fuel purchased during the audit period? <input type="checkbox"/> No <input type="checkbox"/> Yes		42. If yes, was each individual fuel receipt/invoice reviewed to distinguish between tax-paid and tax-exempt fuel? <input type="checkbox"/> No <input type="checkbox"/> Yes	
43. Have you made adjustments to fuel for: <input type="checkbox"/> No adjustments were made <input type="checkbox"/> Single trip permits <input type="checkbox"/> Off-highway activity <input type="checkbox"/> Trip lease miles (lessee or lessor) <input type="checkbox"/> Other (describe): _____			
44. Do you make any adjustments based on "idle-time"? <input type="checkbox"/> No <input type="checkbox"/> Yes		45. If yes, what procedures were used to make the adjustments?	
46. Additional Fuel Information:			



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Driver(s) Information Please provide a complete list of all owner/operators including their IRP account number and a copy of the lease agreement(s) for each owner/operator with start and end dates of each lease (if any).

47. How many owner/operators do you have leased? Number: <input type="checkbox"/> None	48. If owner/operators are leased, how many supply their own registration but you provide fuel tax credentials? <input type="checkbox"/> None <input type="checkbox"/> All <input type="checkbox"/> Other:
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49. Additional Driver's Information:

Fleet Information Provide copies of long term (over 30 days) rental unit lease agreement(s) including start and end dates of each lease

50. How many units are included in the interstate fleet reports?
 IFTA: _____ IRP: _____

51. Address where vehicles are domiciled: Street City State Zip Code

52. Do you maintain an inventory of decal serial numbers and vehicles to which they are affixed?
 No Yes

53. Are you utilizing any vehicles not included in your fuel tax or apportioned fleet, and/or off-road equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes	54. If yes, what type of vehicles or off-road equipment (explain in detail)?
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55. How many "long term" rental units (over 30 days) do you operate?

56. Additional Fleet Information:

57. Please provide your fleet information on the following page. If additional space is needed then attach additional sheet(s). You may include your own table in lieu of the next page.



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Fleet information for

Unit Number	Vehicle Identification Number (VIN)	IFTA Decal Serial Number	Owner Operator	
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Check if the owner/operator is responsible for their own <input type="checkbox"/> IFTA <input type="checkbox"/> IRP				



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Reporting Information

58. Provide the names of the person(s) responsible for preparation and review for the following:

Report:	Preparer's Name	Reviewer'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		

59. Who compiles the information to prepare the IFTA return?

60. Who compiles the information to prepare the IRP renewal?

61. Have you experienced any problems in filing the quarterly or annual returns

No Yes – please explain:

62. Do you use an electronic system to track mileage?

No (If not applicable please skip to the end) Yes – system name/service provider:

63. When was the electronic data first used for reporting?

Month: Year:

64. Are all the trucks equipped with the same electronic equipment?

No Yes

65. Do your drivers still maintain manual records?

No Yes

66. How are location points determined?

GPS Cell Towers Manual by driver

67. What routing software is used to take location points and create a route between location points (pings)?

68. Is there a set time interval between location points (pings)?

No Yes – What is the interval (in minutes):

69. Are all location points (pings) identified with a time and date?

No Yes

70. How are location points (pings) translated (e.g., latitudes and longitudes, city name, street name, etc.)?

71. Is a life-to-date meter reading used within the electronic process (ECM integration or keying of odometer by the driver)?

No Yes

72. How are the trip load origin/destination integrated into the system?



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73. Are the trip load origin/destination identified with a time, date, and life-to-date meter reading?

No Yes

74. Is the actual state line crossing identified with a location point (geo fencing), or is it interpolated via a routing software?

No Yes

75. Is the state line identified with a time, date, and life-to-date meter reading?

No Yes

76. Are fuel stops electronically identified within the on-board system?

No Yes

77. Are fuel stops identified with a time, date, and life-to-date meter reading?

No Yes

78. Does the system have an edit function (are there two reports, an edited version and an unedited version)?

No Yes

79. How does the system deal with or account for, erroneous and/or incorrect locations?

Certification

I certify with my signature that to the best of my knowledge the information and statements on this form are true and correct.

X _____
(Signature of Licensee/Registrant or Authorized Representative)

Date Signed (MM/DD/YYYY)