Form 76-111-15-1-1-000 (Rev. 12/15)

Mississippi Department of Revenue

International Registration Plan (IRP)

Processing will NOT complete until all information is present.

PLEASE PRINT CLEARLY

TAXPAYER INFORMATION

1 Application Type

☐ New Taxpayer ☐ Update IRP Account ☐ Add IRP Account

2 Identification Numbers

Federal Employer Identification Number (FEIN) ✱Social Security Number (SSN) Individual Taxpayer Identification Number (ITIN)

_____ _____ _____

For updating an existing account, please provide the Account Number

Account Number _____
xxxx - xxxx

3 Legal/Business Name (Owner's name, if sole proprietor) _____

4 Doing Business As (DBA) _____

5 Mailing Address
Street Address or P.O. Box _____

_____
City State County ZIP

6 Physical Address _____

Street Address Only Do **NOT** enter P.O. Box _____

_____
City State County ZIP

7 Contact Name _____ Phone Number _____

Cell Phone Number _____ FAX Number _____

E-mail Address _____

Contact Type: ☐ Accountant Attach POA ☐ Legal Representative Attach POA ☐ Owner

This return may be discussed with your accountant or Legal Representative. (Attach POA) ☐ Yes ☐ No

8 Description or nature of business _____

9 Type of Ownership ☐ Corporation ☐ S Corporation ☐ Partnership ☐ Association ☐ LLC

☐ Non Profit ☐ Sole Proprietor (date of birth) _____
mm dd yyyy

10 State of Incorporation ___

✱Disclosure Statement and Privacy Act Notice

This information will be used for identification and in the administration of state tax laws. The Department is authorized to collect the information pursuant to 42 U.S.C. Section 405(c)(2)(c)(i). Any applicant who refuses to provide the required information will be denied the permit. See Miss. Code Ann. Section 27-77-11. Save time and paper! Get your tax account within minutes by registering on-line at **TAP.dor.ms.gov**

IRP Application

Schedule A - Weight Group

Fleet ID : ______
Renewal Begin : ______
Renewal End : ______

All weights listed are in pounds. If you wish to change the weight in a jurisdiction write the new weight in pounds to the right of the previous weight, for Quebec indicate the number of axles instead of weight. This will not effect the weight of the vehicle(s) indicated below. Each vehicle should have its own Gross and Unladen weights.

AB : ______	AL : ______	AR : ______	AZ : ______	BC : ______
CA : ______	CO : ______	CT : ______	DC : ______	DE : ______
FL : ______	GA : ______	IA : ______	ID : ______	IL : ______
IN : ______	KS : ______	KY : ______	LA : ______	MA : ______
MB : ______	MD : ______	ME : ______	MI : ______	MN : ______
MO : ______	MS : ______	MT : ______	NB : ______	NC : ______
ND : ______	NE : ______	NH : ______	NJ : ______	NL : ______
NM : ______	NS : ______	NV : ______	NY : ______	OH : ______
OK : ______	ON : ______	OR : ______	PA : ______	PE : ______
QC : ______	RI : ______	SC : ______	SD : ______	SK : ______
TN : ______	TX : ______	UT : ______	VA : ______	VT : ______
WA : ______	WI : ______	WV : ______	WY : ______	

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1 Vehicle Type: ______ 2 Activity: ______ 3 Unit # ______ 4 Title # ______ 5 Title State: ______

6 VIN #: ______ 7 Temp: ☐ 8 Replace: ______ 9 Make: ______ 10 Year: ______ 11 Fuel: ______

12 Axles/Seats: ______ 13 Gross Wgt.: ______ 14 Unladen Wgt.: ______ 15 Pull Trailer: ☐ 16 < 10K Miles: ☐

17 Factory Price: ______ 18 Pur Price: ______ 19 Pur Date: ______ 20 Purchased New: ☐

21 Leased: ☐ 22 Owner Of Vehicle: ______ 23 TIN: ______ 24 USDOT: ______

25 Carrier Change: ☐ 26 Name of Lessor: ______

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25 Carrier Change: ☐ 26 Name of Lessor: ______

Signature: ______ *Date:* ______

Form 76-111-15-1-4-000 (Rev. 12/15)

IRP Application

Schedule A - Weight Group

Instructions

File your application Free on TAP!

We encourage you to go to our website at ***www.dor.ms.gov*** and use Taxpayer Access Point (TAP) to file future returns. A first time user must click the "Register" tab on the top of the page and enter the tax account number and user information.

Benefits:

- Print your Temp Cab Cards directly
- Faster Response Time - no mail delays
- Invoice amount quickly and easily viewable
- Easy online signup

Weights:

1. **Jurisdiction List** - Record any changes to the right of the weight you wish to change.

Equipment Information: Please enter the following items for each vehicle.

1. **Vehicle Type** - The type of vehicle for this weight group. **BS**-Bus, **W**-Wellborer, **TR**-Tractor Trailer, **TK** - Truck, **FT** - Trailer
2. **Activity Code** - Enter the Activity code. **A-**Add Vehicle, **C**-Change Vehicle, **D**-Delete Vehicle
3. **Unit #** - Enter the unit number assigned by the registrant. Do not duplicate any unit number
4. **Title #** - Enter the current Title Number. (May be obtained from your title or from your local Motor Vehicle Office.)
5. **Title State** - Enter the two letter abbreviation for the state in which this vehicle is titled.
6. **VIN #** - Enter the vehicle identification number shown on your vehicle's certificate of title. **The complete VIN must be recorded.**
7. **Temp** - Place an X in the check box if you require Temporary Operation Authority.
8. **Replace** - Indicate if you need a replacement. **RC**-Replace Cab Card, **RD**-Replace Decal, **RP-**Replace Plate.
9. **Make** - Enter the maker of the vehicle using a four letter abbreviation.
10. **Year** - Enter the model year of the vehicle.
11. **Fuel** - Enter the type of fuel being used by the power unit. **D**-Diesel, **G**-Gasoline, **N**-Natural gas, **P**-Propane, **F**-Flex Fuel, **E**-Ethanol
12. **Axles / seats** - Enter the number of axles or the rated seating capacity if the vehicle is a bus.
13. **Gross Wgt** - Enter the individual vehicle gross weight, including the load.
14. **Unladen Wgt** - Enter the actual weight of this vehicle including the cab, body, and all accessories with which this vehicle is equipped for normal use on the highway excluding any weight load.
15. **Pull Trailer** - Place an X in the check box if this power unit pulls a trailer.
16. **< 10K Miles** - Place an X in the check box if this vehicle travels less than 10,000 miles in all jurisdictions annually.
17. **Factory Price** - Enter the manufacturer's list price of this vehicle, when new, including accessories or modifications.
18. **Pur Price** - Enter the actual purchase price of this vehicle when new, or the actual purchase price of this vehicle paid by the current owner including accessories or modifications.
19. **Pur Date** - Enter the Month, Day and year this vehicle was purchased or leased.
20. **Pur New** - Place an X in the check box if this vehicle was purchased new.
21. **Leased** - Place an X in the check box if this vehicle is operating under a lease.
22. **Owner Of Vehicle** - Enter the individual, partnership, or corporation holding legal title to the vehicle.
23. **TIN** - Enter the Taxpayer Identification Number of the person or company responsible for the safety of this vehicle.
24. **USDOT** - Enter the USDOT number of the person or company responsible for the safety of this vehicle.
25. **Carrier Change** - Place an X in the check box if the USDOT, TIN, and Owner responsible for the safety of this vehicle are expected to change during the registration period.
26. **Name of Lessor** - the person or business who is leasing the vehicle to registrant.

Include with Application:

1. Proof of payments of the Federal Heavy Vehicle Use Tax (HVUT) IRS Form 2290.
2. Copy of Title or Title application for all new vehicles.
3. Copy of all lease agreements for all vehicles where applicable.
4. Copy of purchase invoice for all new vehicles.

Application must be signed and dated by an authorized company employee. **Unsigned applications will be returned!**