



605 E Algonquin Rd #230, Arlington Heights, IL 60005

Phone: (847) 312-5530, Fax: (847) 346-0531

www.prospectlicensing.com

COMPANY: Ssp Transport Inc

QUARTER: Q4 2023

IFTA		\$ 125.31
KY	873 miles x \$0.02850	\$ 24.88
NM	0 miles x \$0.04378	\$ 0.00
NY	0 miles x \$0.05460	\$ 0.00
CT	0 miles x \$0.10000	\$ 0.00
OR	0 miles x \$0.23700	\$ 0.00
Penalty & Interest		\$ 0.00
Credit Applied		\$ 0.00
TOTAL		\$ 150.19
PROSPECT LC service fee		\$ 110.00

**MFUT-15 IFTA Quarterly Return**

Legal Name: SSP TRANSPORT

DBA Name:

Account ID: 0781426688

Filing Period: 12/31/2023

Due Date: 01/31/2024

Step 1: Filing Status (Check all that apply.) You must file a return even if there was no activity.☒ Quarterly filing ☐ Amended ☐ No operation ☐ Cancel fuel license, effective _____**Step 2: Fuel Usage Summary**

	A	B	C
Fuel Type (See Fuel Type Table)	Total miles traveled everywhere	Total fuel consumed everywhere	Avg. fleet MPG (2 decimal places)

D	13771	÷ 2910	= 4.73
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Step 3: Jurisdiction Details (Round to nearest gallon and mile. Indicate credit in brackets.)

D	E	F	G	H	I	J	K	L	M	N
Jurisdiction	Fuel type (See Fuel Type Table)	Total miles	Taxable miles	Taxable gallons (Divide Column G by Step 1, Column C)	Tax-paid gallons	Net taxable gallons (Subtract Column I from Column H)	Tax rate	Surcharge rate	Tax or credit due (Multiply Column J by Column K)	Interest due
Grand Total		13771	13771	2913	2910	3			125.31	0.00

Step 4: Preparer Information

Name of Person Preparing Return: Shaishav

Title: president

Phone number: (847) 531-4801

Email: support@prospectlc.com

Fuel Type Table

D - Diesel	G - Gasoline
GH - Gasohol	P - Propane
E - Ethanol	E85 - E85
M - Methanol	M85 - M85
B - Biodiesel	A55 - A55
EL - Electricity	HD - Hydrogen
LNG - Liquid Natural Gas	
CNG - Compressed Natural Gas	

Step 5: Tax or Credit Calculation**1** Tax or credit due - write the Column L grand total.**2** Penalty (See instructions.)**3** Interest - write the Column M grand total.**4** Add Lines 1, 2, and 3. Indicate a credit in brackets.**5** Balance due from preceding quarter.**6** Credit carried forward from preceding quarter.**7** Add Lines 4, 5, and 6. This is your cumulative total due or refund claimed.

1 \$	125.31
2 \$	0.00
3 \$	0.00
4 \$	125.31
5 \$	0.00
6 \$	0.00
7 \$	125.31

Step 3: Jurisdiction Details

D Jurisdiction	E Fuel type (See Fuel Type Table)	F Total miles	G Taxable miles	H Taxable gallons (Divide Column G by Step 1, Column C)	I Tax-paid gallons	J Net taxable gallons (Subtract Column I from Column H)	K Tax rate	L Surcharge rate	M Tax or credit due (Multiply Column J by Column K)	N Interest due
GA	D	360	360	76	0	76	0.350	0.000	\$ 26.60	\$ 0.00
IL	D	2690	2690	569	479	90	0.788	0.000	\$ 70.92	\$ 0.00
IN	D	2836	2836	600	675	-75	0.570	0.000	\$ -42.75	\$ 0.00
KY	D	873	873	185	0	185	0.257	0.000	\$ 47.55	\$ 0.00
KY	D	0	0	185	0	185	0.000	0.124	\$ 22.94	\$ 0.00
MI	D	416	416	88	102	-14	0.516	0.000	\$ -7.22	\$ 0.00
NC	D	1340	1340	283	355	-72	0.405	0.000	\$ -29.16	\$ 0.00
OH	D	1374	1374	290	23	267	0.470	0.000	\$ 125.49	\$ 0.00
SC	D	218	218	46	111	-65	0.280	0.000	\$ -18.20	\$ 0.00
TN	D	1308	1308	277	539	-262	0.270	0.000	\$ -70.74	\$ 0.00
VA	D	1308	1308	277	310	-33	0.308	0.000	\$ -10.16	\$ 0.00
VA	D	0	0	277	0	277	0.000	0.140	\$ 38.78	\$ 0.00
WI	D	808	808	171	316	-145	0.329	0.000	\$ -47.71	\$ 0.00
WV	D	240	240	51	0	51	0.372	0.000	\$ 18.97	\$ 0.00



Kentucky Weight Distance (KYU) Tax Statement

SSP TRANSPORT INC

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1439 Eliot Trl

Elgin, Illinois, 60120

KYU License #: 700830

Tax Return Type: Original

Confirmation#: 106263294

Ceased Operations:

Submitter Name: prospectlc

Phone: 224-763-0143

Email: ssprtransportinc@gmail.com

Date Due: 1/31/2024

QTR Ending: 12/31/2023

Miles Reported: 873

Bill ID: 31794045

File Date: 1/26/2024

Line Items	Original Amount Due	Adjusted Amount	Amount Paid	Current Amount Due
KYU Tax:	\$24.88		\$24.88	\$0.00
Penalty:			\$0.00	\$0.00
Interest:			\$0.00	\$0.00

Current Amount Due is the Amount Due minus any Payments.

Tax bills paid after the due date will result in additional penalty, interest and the cancellation of your license. Cancellation of your license will require the full amount due and an additional penalty of \$500.

You may make your payment online at <https://apps.transportation.ky.gov/motorcarrierportal/home.aspx>

Payment Method: ☐ Check ☐ Cash ☒ ACH (EFT) ☐ Credit Card (EFT)

Check Number:

Transaction ID: 5367111

Payment Date : 1/26/2024 2:47:52 PM

Payment Amount Received:	\$24.88
Current Amount Due:	\$0.00
Credit Accrued:	

Date Printed: 1/26/2024

New Mexico Taxation and Revenue Department
Motor Vehicle Division - Commercial Vehicle Bureau
WEIGHT DISTANCE TAX RETURN

Mail To: Motor Vehicle Division
P.O. Box 5188
Santa Fe, NM 87504-5188

Check if Amended ☐

File and pay weight distance tax on or before the last day of the month following the close of the report month. If additional space is needed, attach the supplemental schedule and complete the page numbering information on each page. Do not submit a photocopy of the first page of this form to the Department. You must use an original form obtained from your local district office or downloaded from our website at www.state.nm.us/tax. You may use quality photocopies of the supplemental page. For assistance call (505) 827-0392

A	Weight Class	One Way	B	Weight Distance Miles	C	Port of Entry Miles Paid	D	Net Weight Distance Miles	E	Mill Rate	F	Tax Due
27			0	-	0	=	0	X	0.04	=	\$0.00	

REPORT PERIOD 31-Dec-2023

Quarter ending (mm-dd-ccyy)

Weight Distance Tax Number: 07-313862-00-2

Name SSP TRANSPORT INC
Street / Box 1439 ELIOT TRL
City, State, Zip ELGIN 60120-4697

- 1 Weight distance miles
- 2 Port of Entry miles paid
- 3 Net Weight distance miles
- 4 Weight distance tax due
- 5 Penalty
- 6 Interest
- 7 Total due
- 8 Amount paid

1	0
2	0
3	0
4	\$0.00
5	\$0.00
6	\$0.00
7	\$0.00
8	



MT-903 WEB Highway Use Tax Return

DLN: HUWF2401261444160

(01/24) V14
2027

Taxpayer ID number

XXX-XX-7714

Period covered:

Begin date
(mm/dd/yy)End date
(mm/dd/yy)

10/01/23

12/31/23

Due date (mm/dd/yy)

01/31/24

Name

SSP TRANSPORT INC

Number and street or PO box

City

State Zip code

Amended return ☐ Final return ☐ Last day of business

Payment amount: 0.00

US DOT #

☒ Mark an X in the box if you had no activity in New York State for this period, and enter "0" on line 3 below. No further entries are necessary; complete the Certification section below and mail.

Enter the total taxable miles traveled in New York State for this period by all vehicles. 0.0

Enter the total miles (including Thruway miles) traveled in New York State for this period by all vehicles. 0.0

Mark an X in the box to indicate filing method, which cannot be changed during the calendar year.

If no highway use tax is due for this period, make an X in one of the boxes below

☒ No activity☐ All miles reported by another (leased motor vehicles)☐ All motor vehicles are exempt (example: crane, mail, household goods, etc.)☒ gross weight method ☐ unloaded weight method

1. Highway use tax schedule totals (First complete Schedule 1 or Schedule 2 or both, on back page and then enter final totals in boxes 1a and 1b below.)

Schedule 1

Schedule 2

Total highway use tax

1a. 0.00 1b. 0.00 1c. 0.00

2. Prior highway use tax overpayments to be applied 2.

3. Highway use tax due 3. 0.00

4. Late filing penalty 4.

5. Late filing interest 5.

6. Amount paid with original filing (only for amended filings) 6.

7. Total amount due 7. 0.00

Transaction details

Confirmation number

HUWF2401261444160

Transaction date/time

01/26/2024 02:54PM

Tax professional ID

Tax professional name

Submitted by

Shaishav Patel