

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Send to:

Division of Taxation

PO Box 189
Trenton, NJ 08695-0189
(609) 633-8870

Beginning Quarter:

mm: yyyy:

Ending Quarter:

mm: yyyy:

Do you file PPT-40 returns?: Yes No

PPT-20

Petroleum Products Gross Receipts Tax Refund Application

Mailing Address of Applicant	Person to contact regarding this application		Applicant Name
	Name		Applicant Trade Name
	Title		
	Phone		Applicant FEIN or SSN
Email			

	-Column A- Gallons	-Column B- Consideration
1 Exports		
2 Non-Profit		
3 Aircraft		
4 Direct Payment Permit Holders		
5 Governmental Agencies		
6 Marine		
7 Utility/Co-generation Facility		
8 Other:		
Total Gallons/Consideration		
Tax Rates	X 0.04	X 0.0275
Refund Requested		

Column A Refund Requested	\$
Section B Refund Requested	\$
Total Refund Amount Requested	\$

Explanation of Refund:

(Provide a description of why you are applying for a refund and include supporting documentation with this form)

Signature indicates that, under penalty of perjury, the information presented on this application is accurate to the best of the signatory's knowledge. If the information is not accurate or not verifiable, the refund may be denied in part or in whole. If a refund is paid in error, or if the application is found to have error subsequent or contemporaneously to the issuance of the refund, the amount refunded must be repaid to the State along with applicable penalty and interest. Incomplete applications cannot be processed.

Division use only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reviewed By	
Date:	
Amount Approved	
\$	
Refund No	

Printed Name		Signature
Title	Date	

PPT-20