Division use only — Date Stamp

Period Start:

Period End:



State of New Jersey

Send to:

Division of Taxation

P.O. Box 189 Trenton, N.J. 08695-0189 (609) 633-8870

| Period | | | | |
|--------|------|----|------|--|
| | Nov. | 1. | 2016 | |

Dec. 31, 2016

| | (609) 633-88 | 70 | | | | | | |
|---|--|---------------------------------------|--|-------------------------|---|------------------|----------------------------------|--|
| PPT-20 | | Petrole | ım Prodi | ucts Gross I | Receipts Ta | ax Refund | Application | |
| Mailing Address of Applicant | | Per | Person to contact regarding this application | | | | Applicant Name | |
| | | Nar | | | | | • • | |
| | | Title | | | | | | |
| | | | | | | | | |
| | | Pho | ne | | | | Applicant FEIN | |
| | | Ema | ail | | | | | |
| | Ga | is (gal.) Die | esel/Kero (gal. |) LPG (gal.) | Fuel Oil (gal.) | Avfuel (gal.) | Consideration | |
| Exports | | | | | | | \$ | |
| Non-Profit | | | | | | | \$ | |
| Aircraft | | | | | | | \$ | |
| Direct Payment Permit Holders | | | | | | | \$ | |
| Governmental Agencies | | | | | | | \$ | |
| Marine | | | | | | | \$ | |
| Utility/Co-generation Facility | | | | | | | \$ | |
| Other: | | | | | | | \$ | |
| *Bad Debt | | | | | | | \$ | |
| Certain Autobusses | | | | | *Refur | nds for bad debt | are only | |
| Tractors & Farm machinery | | | | | available for fuel sold after January 31, | | | |
| Off-road use of On-road vehicl | es | | | | 2017. | | , | |
| Non-highway equipment | | | | | | | | |
| Fire engines or fire fighting apa | ratus | | | | | | | |
| Ambulances & First Aide | | | | | | | | |
| Vehicles exclusively on rails | | | | | | | | |
| Heating and Lighting | | | | | | | | |
| Motor Boats for BSA or Sea Sco | ıts | | | | | | | |
| Water craft for approved usage | e | | | | | | | |
| Totals | | | | | | | \$ | |
| Rate | 0 | 0.266 | 0.04 | 0.266 | 0.124 | 0.04 | 0.07 | |
| Refund Due (Line 20 x Line 21) | \$ | \$ | | \$ | \$ | \$ | \$ | |
| Total Refund Due (sum Li | ne 22) \$ | | | | 1 | | | |
| | 1 | | | | | | | |
| | | Explai | nation of Lines 1 - | 9 (attach supporting do | cumentation) | | | |
| | | | | | | | | |
| Signature indicates that application is accurate t | o the best of the | signatory's knowl | edge. If the inf | formation is | | | please contact: htreas.nj.gov | |
| not accurate or not verifia is paid in error, or i | f the application | | | | | | | |
| is paid in error, or i contemporaneously to repaid to the State a | f the application the issuance of t | he refund, the ar able penalty and | nount refunded I interest. Incor | d must be | | | n Use only | |
| is paid in error, or i contemporaneously to repaid to the State a | f the application the issuance of t along with applica | he refund, the ar able penalty and | nount refunded I interest. Incor | d must be | | Approved | Denied | |
| is paid in error, or i contemporaneously to repaid to the State a | f the application the issuance of t along with applica | he refund, the ar able penalty and | nount refunded I interest. Incor | d must be | Amou | | | |
| is paid in error, or i contemporaneously to repaid to the State a | f the application the issuance of t along with applica | he refund, the ar able penalty and | nount refunded I interest. Incor | d must be | Amou Date | Approved | Denied | |