

Division Use Only - DLN Stamp

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State of New Jersey

Send to:

Division of Taxation

PO Box 189

Trenton, NJ 08695-0189

Report is due on or before

January 31, 2017

PPT-D1-INV

Diesel Inventory Report

Taxpayer Name: _____ Address: _____

Taxpayer FEIN: _____

Email: _____ Phone: _____

Section 1: Storage Tank Information (if more than 1 location attach worksheet)

	<u>Diesel</u>	<u>Kerosene*</u>	
# of Tanks capacity < 10,000 gal.	_____	_____	<i>*Kerosene refers to kerosene other than aviation grade kerosene.</i>
# of Tanks capacity 10,000 gal. or more.	_____	_____	

Section 2: Inventory (if more than 1 location attach worksheet)

Fuel Type	Inventory of Fuel in Storage as of the close of the business on Dec. 31, 2016 <i>(in gallons)</i>
1 Diesel and blended fuel that contains diesel or is intended for use as diesel	
2 Kerosene*	
3 Total Inventory	

Date

Signature of Taxpayer Officer**

Date

Signature of Individual Completing This Return**

**Signature of taxpayer is a declaration, under penalty of law, that the above information was examined by the signatory and is accurate. Signature by an individual completing this return indicates that the above information was provided by the taxpayer, and is, to the best of the signing individual's knowledge, accurate.