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

1st Quarter 2020 – (Jan. to Mar.)

If you file the MFA-20 on a monthly basis, you may file this return on a monthly basis as well. Otherwise, you must check the "Entire Quarter" box.

Jan. ☐	***Feb.*** ☐	***Mar.*** ☐
Entire Quarter: ☐		

If you file PPT-10 returns, the refund must be requested through the PPT-10 instead.

PPT-20 Petroleum Products Gross Receipts Tax Refund Application

Mailing Address of Applicant	Person to contact regarding this application		**Applicant Name**
	Name		
	Title		
	Phone		**Applicant FEIN**
	Email		

		Gas (gal.)	**Diesel/Kero** (gal.)	**LPG** (gal.)	**Fuel Oil** (gal.)	**Avfuel** (gal.)	**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:						$
9	Bad Debt						$
10	Certain Autobusses						
11	Tractors & Farm Machinery						
12	Off-Road Use of On-Road Vehicles						
13	Non-Highway Equipment						
14	Fire Engines or Fire Fighting Apparatus						
15	Ambulances & First Aid						
16	Vehicles Exclusively on rails						
17	Heating and Lighting						
18	Motor Boats for BSA or Sea Scouts						
19	Water Craft for Approved Usage						
20	Totals						$
21	Rate	0.309	0.35	0.309	0.124	0.04	0.07
22	**Refund Due** (Line 20 x Line 21)	$	$	$	$	$	$
23	**Total Refund Due** (Sum Line 22)	$					

Explanation of Lines 1 – 9 (Attach supporting documentation.)

Signature indicates that, under penalty of perjury, the information presented is accurate to the best of the signatory's knowledge. If the information is inaccurate or unverifiable, 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 an error or errors subsequent or contemporaneously to the issuance of a refund, the amount refunded must be repaid to the State along with applicable penalty and interest. Incomplete applications cannot be processed.

Printed Name		
Title	Date	Signature

For answers to questions, please contact:
fuel.tax@treas.nj.gov

Division Use only

Amount Approved $ _____
Date _____
Refund #