



Application for Reimbursement of NYS Petroleum Business Tax (PBT) on Motor Fuel/Diesel Motor Fuel For an Omnibus Carrier/Nonpublic School Operator Tax Law – Article 13-A, Section 301-c

Print or type

Form with fields for Period covered, Legal name of claimant, Address, Records kept at, Federal employer identification number (EIN), Social security number, NYS sales tax ID number, Business telephone number, City, State, ZIP code, Motor fuel gallons, Diesel motor fuel gallons, and Reimbursement amounts.

You must complete all lines and schedules on page 2.

(Mark an X in the appropriate box below.)

- 1 Total number of buses operated using motor fuel
1a Total number of buses operated using diesel motor fuel
2 Do your buses have New York State motor vehicle license plates?
3 Do you have certification from the New York State Department of Transportation (NYSDOT)?
4 Do you have federal certification from the United States Department of Transportation (USDOT)?
5 Do you operate pursuant to a contract, franchise, or consent with New York City or one of its agencies?
6 If you answered Yes to any of the above, are you engaged in local transit service?
7 Enter average weekly mileage on local transit service routes
8 Enter average weekly mileage under contract with school districts in New York State
9 Enter all other average weekly mileage

Table with 2 columns: Audited by, Approved by, Date. Includes Total reimbursement field.

Table with 3 columns: Inventory and purchases (New York State locations only), Column A Motor fuel gallons (from schedules), Column B Diesel motor fuel gallons (from schedules). Rows 10-15.

Use – Enter the number of gallons that were used in your buses in New York State.

Table with 3 columns: Inventory and purchases (New York State locations only), Column A Motor fuel gallons (from schedules), Column B Diesel motor fuel gallons (from schedules). Rows 16-22.

Calculation of reimbursement

23 Motor fuel reimbursement	gallons (from line 19)	×	Motor fuel PBT rate of tax shown on invoice(s)	=	23.	
24 Diesel motor fuel reimbursement	gallons (from line 19)	×	Diesel motor fuel PBT rate of tax shown on invoice(s)	=	24.	
25 Total reimbursement (add lines 23 and 24)					25.	

Schedule A – Bulk purchases (New York State locations only)

Date of purchase (mm-dd-yy)	Purchased from	Motor fuel gallons purchased	Diesel motor fuel gallons purchased
Total bulk purchases (enter here and on line 11, columns A and B)			

Schedule B – Purchases at filling stations (New York State locations only)

Date of purchase (mm-dd-yy)	Purchased from	Motor fuel gallons purchased	Diesel motor fuel gallons purchased
Total purchases at filling stations (enter here and on line 12, columns A and B)			

Certification: I certify that all information provided on the application is true, correct and complete, and that I am authorized by the taxpayer to file it. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that the Tax Department is authorized to investigate the accuracy of any information entered on this application.

Authorized person	Printed name of authorized person	Signature of authorized person		Official title	
	E-mail address of authorized person	Telephone number ()		Date	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this application	Address	City		State ZIP code
	E-mail address of individual preparing this application		Preparer's NYTPRIN	or	Excl. code