



Application for Refund of Sales Tax Paid on Petroleum Products

Tax Law — Articles 28 and 29

For office use only	
Total \$	Date
Audited by	
Approved by	
Approved by	
Approved by	
2. Period covered by claim (date(s) of purchase) (mm/dd/yyyy)	
4. Telephone number ()	
6. Employer identification number (EIN) —	
7. Total amount of refund claimed	

1. Name

3. Street address

5. City County State ZIP code

Note: Complete this application in full, including the *Schedule of motor fuel and diesel motor fuel purchases* on page 3. This form may not be used to claim a refund of the prepaid sales tax (see instructions).

8. Fuel was used (mark an X in applicable box; see instructions)

A — by an exempt organization

If marked, enter 6-digit exempt organization number and attach a copy of Form ST-119, *Exempt Organization Certificate*

B — by a qualified Indian nation or tribe

If marked, enter 6-digit exempt organization number and attach a copy of Form ST-119, *Exempt Organization Certificate*

C — in farm production or in a commercial horse boarding operation

D — by a qualified empire zone enterprise (QEZE)

Mark an **X** in the box next to the applicable employment test worksheet and attach the appropriate form to the application.

AU-12.1, *Employment Test for Businesses Certified by Empire State Development (ESD) Before April 1, 2005*

AU-12.2, *Employment Test for Businesses Certified by Empire State Development (ESD) On or After April 1, 2005, and Before April 1, 2009*

AU-12.3, *Employment Test for Businesses Certified by Empire State Development (ESD) On or After April 1, 2009*

E — by an omnibus carrier or vessel operator in local transit service

F — for residential purposes

G — by a qualified Indian

If marked, enter both of the following: • qualifying tribe or nation
• qualifying reservation.....

H — by manufacturers, processors, generators, assemblers, refiners, miners, and extractors

I — other

If marked, enter explanation

9. Mark an **X** in this box if you are filing this sales tax refund form together with a refund form for motor/diesel motor fuel tax or petroleum business tax for the same period. Attach invoices or other information as required by all forms and mail all forms in one envelope.

Certification: I, _____, the applicant named above, or partner, officer, or other authorized representative of such applicant, do hereby:

- make application for refund of tax, pursuant to the New York State Tax Law; and
- certify that the above statements, and any documents provided to substantiate the refund claimed, are true, complete and correct and that no material information has been omitted; and
- certify that all of the tax for which this claim is filed has been paid, and no portion has been previously credited or refunded to the applicant by any person required to collect tax; or, if the claim for refund is made by a person required to collect tax, that the amount claimed has not previously been refunded to the appropriate purchaser; and
- certify that no amount claimed has previously been subject to a credit or refund; and
- make these statements with the knowledge that willfully providing false or fraudulent information with this document with the intent to evade tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence; and
- understand that the Tax Department is authorized to investigate the validity of the refund claimed and the accuracy of any information provided with this claim.

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

