



Application for Refund of Sales Tax Paid on Petroleum Products

FT-500
(10/25)

Name				Period covered by claim (date[s] of purchase) (mmddyyyy)	
Street address				Telephone number	
City	County	State	ZIP code	Employer identification number (EIN)	
				Total amount of refund claimed	

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

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

A — by an exempt organization ☐

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

B — by an exempt Indian nation or tribe ☐

If marked, enter your 6-digit exempt organization number and attach a copy of Form ST-119

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

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

E — for residential purposes ☐

F — by a qualified Indian ☐

If marked, enter both of the following: • Indian nation or tribe

• qualified reservation

G — by manufacturers, processors, generators, assemblers, refiners, miners, and extractors ☐

H — other ☐

If marked, enter explanation

2. 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			
	Email 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 report	Address		City	State	ZIP code
	Email address of individual preparing this report	Telephone number ()	Preparer's NYTPRIN	NYTPRIN excl. code	Date	

[illegible]