New York State Department of Taxation and Finance

Direct Shipments

PT-101.2
(4/97)

Read instructions (Form PT-101-I) carefully. Keep a copy of this completed form for your records.

Name of distributor	Identification number	Month/year

Part I — Direct Shipments Out of State

Date Shipped	Method of Delivery	Name of Transporter and Transporter Number	Purchased From	Sold to	Point of Shipment	Point of Delivery	Column A Gallons Purchased on Which the Tax Has Been Passed Through to You	Column B All Other Gallons

Total Column A gallons *(enter here and on Form PT-101, line 26)* .....

Total Column B gallons .....

Total Column A gallons plus total Column B gallons *(enter here and on Form PT-101, line 4, Columns 1 and 2)* .....

Name of distributor	Identification number	Month/year

Part II — Direct Shipments to Customers in this State

Date Shipped	Method of Delivery	Name of Transporter and Transporter Number	Purchased From	Sold to	Identification Number* of Purchaser	Point of		Column A	Column B
						Shipment	Delivery	Gallons Purchased on Which the Tax Has Been Passed Through to You	All Other Gallons

Total Column A gallons *(enter here and on Form PT-101, line 26)* .....

Total Column B gallons .....

Total Column A gallons plus total Column B gallons *(enter here and on Form PT-101, line 5, Columns 1 and 2)* .....

* Enter "M" number if purchaser is a registered motor fuel distributor; if not, enter the New York State sales tax vendor identification number. If neither is available, enter the purchaser's federal identification number.