New York State Department of Taxation and Finance

Direct Shipments of Motor Fuel

PT-101.2
(3/99)

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

Name of distributor	Employer identification number or social security number	Month/year

Part I — Direct Shipments to Customers Out of State

Date shipped	Mode of delivery	Transporter's name and employer identification number	Seller's name and employer identification number	Purchaser's name and employer identification number	City and state of:		Column A	Column B
					Shipment point	Delivery point	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 gallons *(add Columns A and B; enter here and on Form PT-101, line 4, Columns 1 and 2)* .....

Name of distributor	Employer identification number or social security number	Month/year

Part II — Direct Shipments to Customers in this State

Date shipped	Mode of delivery	Transporter's name and employer identification number	Seller's name and employer identification number	Purchaser's name and employer identification number	City and state of:		Column A	Column B
					Shipment point	Delivery point	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 gallons *(add Columns A and B; enter here and on Form PT-101, line 5, Columns 1 and 2)* .....