



Reimbursement Application for Petroleum Business Tax on Fuel Used for Commercial Gallonage

Tax Law – Article 13-A

AU-473
(5/17)

Complete Schedules A and/or B on page 2.

Name of claimant		Telephone number ()		For tax period:	
Street address				Beginning	Ending
City		State	ZIP code	<i>For office use only</i>	
Social security number				Total approved	
Federal employer identification number (EIN)		NYS sales tax identification number		Audited by	Date
Name of business		Type of business		Approved by	Date

Computation of reimbursement – Enter the number of gallons of fuel purchased for use as commercial gallonage in New York State on which the supplemental petroleum business tax was paid or absorbed.

Note: Commercial gallonage does **not** include fuel used for nonresidential heating.

1	Gallons of non-highway diesel motor fuel (from Schedule A, line 3, on page 2)	1.	
2	Gallons of residual petroleum product (from Schedule B, line 3, on page 2)	2.	
3	Gallons used for commercial gallonage during the period (add lines 1 and 2; explain below)	3.	
4	Commercial gallonage reimbursement rate (see instructions)	4.	x .
5	Refund requested (multiply line 3 by line 4)	5.	

Explain how gallonage reported on line 3 was used _____

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 Date

See instructions for where to file.

Schedule A – Non-Highway Diesel Motor Fuel Purchases *(attach additional sheets if necessary)*

Date of purchase (mm-dd-yy)	Seller's name, city, and county	Invoice number	Number of gallons	Excise tax paid	Petroleum business tax paid	Sales tax paid

1 Total gallons <i>(add the number of gallons above)</i>	1.
2 Gallons used for other purposes (noncommercial gallonage) ..	2.
3 Gallons used for commercial gallonage <i>(subtract line 2 from line 1; also enter on page 1, line 1)</i>	3.

Schedule B – Residual Petroleum Product Purchases *(attach additional sheets if necessary)*

Date of purchase (mm-dd-yy)	Seller's name, city, and county	Invoice number	Number of gallons	Petroleum business tax paid	Sales tax paid

1 Total gallons <i>(add the number of gallons above)</i>	1.
2 Gallons used for other purposes (noncommercial gallonage) ..	2.
3 Gallons used for commercial gallonage <i>(subtract line 2 from line 1; also enter on page 1, line 2)</i>	3.