

Employer identification number (EIN)

New York State Department of Taxation and Finance

Application for Refund of the Petroleum Business Tax Because of a Bad Debt

Telephone number

Tax Law - Article 13-A, Section 301-I

Read instructions AU-474-I before completing this form.

()							For office use only				
Legal name							Total approved				
DBA (if different than above)							Audited by				Date
Street address							Approved by				Date
City			State	ZIP code		Approved by				Date	
1 Registration (mark an X in all that apply) Distributor of diesel motor fuel Residual petroleum product business Retailer of non-highway diesel motor fuel Federal tax return on which the bad debt was claimed: Type of federal return (form number) Period covered by the return: from: from: to:											
Petroleur	n bu	siness tax (PBT) schedule of bad d	ebts					<u> </u>			
A Date of sale			C Tax return period		oroduct (compl		E npaid amount lete worksheet below partial payments)		F PBT rate per gal.		G PBT included in unpaid amount
Total PBT bad debt refund (add column G amounts)											
Workshi	eet fo	or partial payments (complete this wo	rksheet if na	vments v	vere mad	e on the a	ccount)				
	parata paymona (complete and ne							count name			
(a) Selling	g price	e (not including finance charges)									
		d in the selling price									
	_	of PBT (divide (b) by (a))									
(a) Partia	грауп	nent made on sale									
(e) Amoun	t of par	tial payment applied to PBT (multiply (c) by (d))									
(f) PBT a	llowed	as bad debt refund (subtract (e) from (b))									
		Transfer each row (f) amount to	columr	n G of PB	T schedu	le of bad	debts abo	ve.		
		: I certify that all New York State at and complete report.	Article 13-	A taxe	s, for w	hich this	claim is	filed, ha	ive been	paid b	y me and this is
Authori	zod.	Signature of authorized person				Official title	Э				
Authorized person E-mail address of authorized person									D	Date	
Paid	Firm	's name (or yours if self-employed)					Firm's EIN Pre			Preparer'	s PTIN or SSN
preparer use	Sign	ature of individual preparing this return	Address			City St.			ZIP code		
only (see instr.)		ail address of individual preparing this return						Preparer's 1	NYTPRIN	D	ate
See instructions for where to file											