



Refund Application for Farmers Purchasing Motor Fuel

Tax Law – Articles 12-A, 13-A, 28 and 29

Use this form only for motor fuel (not diesel motor fuel) purchases made within three years prior to the date of this application. Be sure to complete **Schedule A** on page 2. (See instructions, Form FT-420-I, before completing.)

Name of claimant		Telephone number ()	For Tax Period:	
Street address			Beginning	Ending
City, state and ZIP code			<i>For office use only</i>	
Social security number		County	Total approved	
Employer identification number		NYS sales tax identification number	Audited by	Date
Name of farm		Type of farm	Approved by	Date
		Number of acres under cultivation	Approved by	Date

Computation of refund

Enter the number of gallons of motor fuel purchased in New York State on which taxes (motor fuel excise tax, petroleum business tax and state and local sales tax) were paid.

1	Beginning inventory (bulk storage only - others enter zero) (If no ending inventory was shown on the preceding claim, no beginning inventory should be shown on this claim.)		1
2	Purchases during period (enter the total number of gallons from Schedule A, on page 2)		2
3	Gallons available for use (add lines 1 and 2)		3
4	Ending inventory (bulk storage only - others enter zero)		4
5	Total gallons used (subtract line 4 from line 3)		5
6	Number of taxable gallons used (not used directly or exclusively in farming - explain below)		6
7	Nontaxable gallons eligible for refund (subtract line 6 from line 5)		7
8	Motor fuel excise tax paid (multiply line 7 by \$0.08)	8	
9	Petroleum business tax (multiply line 7 by \$) <i>petroleum business tax rate paid; see instructions</i>	9	
10	Total motor fuel and petroleum business tax paid (add lines 8 and 9)	10	
11	Sales tax paid on total gallons used (see instructions)	11	
12	Nontaxable use percentage rate (divide line 7 by line 5)	12	x .
13	Sales tax paid on nontaxable use (multiply line 11 by line 12)	13	
14	Total refund requested (add lines 10 and 13)	14	

Explain how gallonage reported on line 6 was computed: _____

Enter below the number of each kind of motor equipment you own that is used for farming and that operates on motor fuel. Enter an N if none are owned.		If motor fuel was used in an airplane or motor boat for farming purposes, list the identification number of each below.	
Automobiles		Boats	
Trucks		Airplanes	
Tractors		Other	

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 <i>(see instr.)</i>	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

