

New York State Department of Taxation and Finance Direct Shipments of Motor Fuel

PT-101.2

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

Name of distributor Employ				tification number or social security num	Month	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			
		<u> </u>									
		L									
otal Column A gallons (<i>enter here and on Form PT-101</i> , <i>line 26</i>)											
Fotal 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 distri	butor		Employer id	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	Purchaser's name	City and state of:		Column A	Column B				
			and employer identification number		Shipment point	Delivery poir	Gallons purchased on which the tax has been passed through to you	All other gallons				
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Total Colu	mn A gallor	os (enter here and on Form D	T-101 line 26)		•	1						
Total Column B gallons												
Total nallo	ns ladd Co	lumns A and R: enter here an	d on Form PT-101 line 5 (Columns 1 and 2)								