

Transfers and Sales of Motor Fuel Outside New York State New York State Department of Taxation and Finance Transfers and Sales of Motor Fuel Outside New York State

PT-101.4

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 –	- Transfers	Outside New York State	•		•			
Submit in	n duplicate. U	se a separate sheet for each state and p	rovince. To the state or province of:					
Date shipped	Mode of delivery	Transporter's name and employer identification number	Customer's name and employer identification number	City and state of:		Callana		
				Shipment point	Delivery point	Gallons transferred		
			_	_				
				_				
				_				
				_				
				_				
				_				
				_				
				_				
Fotal gallons (enter here and on Form PT-101, line 13)								

Name of distributor			Employer identification number or social security number		Month/year					
Part II — Sales to Customers Outside New York State										
Submit in duplicate. Use a separate sheet for each state and province. To the state or province of:										
Date shipped	Mode of delivery	Transporter's name and employer identification number	Customer's name and employer identification number	City and state of:		Callons				
				Shipment point	Delivery point	Gallons sold				
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						
Total gallor	ns (enter here	and on Form PT-101, line 14)								