

## State of New Jersey

Send to:

## **Division of Taxation**

PO Box 189

Trenton, N.J. 08695-0189

(609) 633-8870

## 4th Quarter 2025 - (Oct to Dec)

If you file the MFA-20 on a monthly basis, you may file this return on a monthly basis as well. Otherwise, you must check the "Entire Quarter" box.

October November December
Entire Quarter:

If you file PPT-10 returns, the refund must be requested through the PPT-10 instead

PPT-20	=	Petroleum Pro	ducts Gross	Receipts Ta	x Refund A	Application
lailing Address of Applicant		Person to cont	act regarding this a	Applicant Name		
		Name				
		Title			╡	
		Phone			4	Applicant FEIN
		Email				
	Gas	(gal.) Diesel/Kero (g	gal.) LPG (gal.)	Fuel Oil (gal.)	Avfuel (gal.)	Consideration
Exports					,	\$
Non-Profit						\$
Aircraft						\$
Direct Payment Permit Holders						\$
Governmental Agencies						\$
Marine						\$
Utility/Co-Generation Facility						\$
Other:						\$
Bad Debt						\$
Certain Autobusses						
Tractors & Farm Machinery						
Off-Road Use of On-Road Vehicles	1					
Non-Highway Equipment						
Fire Engines or Fire Fighting Apparatus						
Ambulances & First Aid						
Vehicles Exclusively on rails						
Heating and Lighting						
Motor Boats for BSA or Sea Scouts						
Water Craft for Approved Usage						
	_				1	
Totals						\$
Rate	0.3		0.344	0.124	0.04	0.07
Refund Due (Line 20 x Line 21)	\$	\$	\$	\$	\$	\$
Total Refund Due (Sum Line 22)	\$					
		Explanation of Lines	1 - 9 (Attach supporting d	ocumentation.)		
application is found to have an	owledge. If the n part or in water error or error	ne information is inaccurate rhole. If a refund is paid in er s subsequent or contempor	or unverifiable, ror, or if the aneously to the	For		tions, please contac treas.nj.gov
issuance of a refund, the am- applicable penalty and inte					Division	use only
Printed Name				Amou	nt Approved	\$
Printed Name				Amou Date	nt Approved	\$
Printed Name  Title Date		Signature				\$