PPT-10 — Petroleum Products Gross Receipts Tax Return

State of New Jersey

Due: 25th day following quarter end
Send to: State of New Jersey – PGRT
Division of Revenue & Enterprise Services
P.O. Box 243
Trenton, NJ 08646-0243

For the Quarter Ending

Month   Year

Taxpayer Name	Taxpayer ID#	Address		
Email	Phone#	City	State	Zip

Column	(A) Gas	(B) Diesel & Kerosene	(C) Fuel Oil	(D) Avfuel	(E) LPG	(F) Consideration
Section 1 – Purchases						
1a. Tax Free Purchases (sch. 1A)						$.
1b. Tax Included Purchases (sch. 1B)						$.
Section 2 – Sales						
2. Sales in NJ						$.
3a. Direct Payment Permit Holders (sch. 3A)						$.
3b. Gov't/Exempt Entities (sch. 3B)						$.
3c. Exports (sch. 3C)						$.
3d. Other (sch. 3D)						$.
4. Total Deductions (Sum Lines 3a, 3b, 3c, 3d)						$.
5. Taxable Sales (Line 2 – Line 4) (sch. 5)						$.
Section 3 – Use						
6. Tax Free Imports for Own Use (sch. 6)						$.
7a. Avfuel Purchased for Own Use (sch. 7A)						
7b. Taxable Burnout Fuel Used (sch. 7B)						
Section 4 – Sales + Use						
8a. Taxable Sales & Use (Line 5 + Line 6 + Line 7b)						$.
8b. Tax Rate						
8c. Tax by Product (Line 8a x Line 8b)	$.	$.	$.	$.	$.	$.
Section 5 – Adjustments — Report Tax Amounts – Do not Report Gallons or Consideration						
9a. Credit: Prior Quarter Deductions (sch. 9A)	$.	$.	$.	$.	$.	$.
9b. Credit: Tax paid on Product Sold this Qtr. (sch. 9B)	$.	$.	$.	$.	$.	$.
9c. Credit: Bad Debt (sch. 9C)	$.	$.	$.	$.	$.	$.
9d. Add: Prior Quarter Additions (sch. 9D)	$.	$.	$.	$.	$.	$.
9e. Adjustment Totals (Line 9a+9b+9c – Line 9d)	$.	$.	$.	$.	$.	$.

10. Total Tax Due (sum all columns of Line 8c)	$.	
11. Total Adjustments to Tax (sum all columns of Line 9e)	$.	
12. Tax Already Remitted to State	$.	
13. Balance Due (Line 10 - Line 11 - Line 12)	$.	
14. Neighborhood Revitalization Credit (Line 14 Cannot Exceed Line 10)	$.	
15. Balance After Credit (Line 13 – Line 14)	$.	
16. Penalty & Interest	$.	
17. Total Due (Line 15 + Line 16, if less than 0 enter 0)	$.	
18. Refund Due (Line 15 + Line 16, if less than 0 enter positive amount here)	$.	

The signatory affirms that the information contained on this return and accompanying schedules is complete and accurate. Misrepresentations are subject to penalty.

Name (printed):

Signature:

Date Signed: