Division Use Only — DLN Stamp—



Please send this form to:

Division of Taxation PO Box 189 Trenton, NJ 08695-0189

-or-

Email to: fuel.tax@treas.nj.gov

10-2010

## Pursuant to N.J.S.A. 54:39-101 et seq Petroleum Products Gross Receipts Tax

Form PPT-9

## Termination of Registration and/or Direct Payment Permit

	Company Name				Address		
PART 1							
	ID# Phor		Phone #		Address		
	Requested date of termination				City, State Zip		
	requested date of fermination				ony, mate zip		
	Email:				Phone:		
	Littali.				riione.		
	Briefly state the reason you are terminating your registration / permit:						
	State the quantity of fuels held in inventory						
	Gasoline Diesel		AvGas	Jet Kerosene	Kerosene	LPG	
					·		
	State the type and value of other petroleum products held in inventory						
2	State the disposition of the property and business. If sold, state the name, address, and ID# of purchaser or purchasers.						
Part							
Pē							
	State the disposition of the property and business. If sold, state the name, address, and ID# of purchaser or purchasers.						
	By signing. I am a	cknowled	ging that t	this company will co	ease all activities that	at require registration	n for the Petroleum
	By signing, I am acknowledging that this company will cease all activities that require registration for the Petroleum Products Gross Receipts Tax. This company's final report is the quarterly return in which the termination date is included. I						
	understand that the company must make all outstanding payments and file all outstanding reports before the Division of Taxation will deactivate the registration.						
	Signature - must be signed by owner or corporate officer					Date	Signed
3							
Part							
Ь	Printed Name						