

Mississippi Petroleum Tax Registration Application

Return to:
 Department of Revenue
 Petroleum Tax Division
 P. O. Box 1033
 Jackson, MS 39215
 Phone: 601-923-7150
 Fax: 601-923-7165

Applicant must complete all spaces. Please mark N/A if not applicable.

1. Legal Name: _____

2. Business Name: _____

3. Street Address: _____

City: _____ State _____ County _____ ZIP _____

4. Mailing Address: _____

City: _____ State _____ ZIP _____

5. Phone Number: _____ Ext. _____ Fax Number _____

E-mail: _____

6. Federal I. D. Number: _____ Social Security Number _____

7. Please indicate the Permits needed by checking the appropriate boxes:

Petroleum Products Distributors Permits

- | | |
|---|---|
| <input type="checkbox"/> Distributor - Gasoline (automotive and aviation gasoline and ethanol) | <input type="checkbox"/> Environmental Protection Fee |
| <input type="checkbox"/> Distributor - Special Fuel (diesel fuel, kerosene, fuel oil, jet fuel and biodiesel) | <input type="checkbox"/> Refund Gasoline Dealer |
| <input type="checkbox"/> Class A - Distributor Crankcase Lubricating Oil (motor oil) | <input type="checkbox"/> Marine Dealer - Diesel Fuel |
| <input type="checkbox"/> Distributor - Compressed Gas (butane, propane) | |

Other Petroleum Tax Permits

- | | |
|---|---|
| <input type="checkbox"/> Natural Gas, Compressed Gas, Locomotive Fuel User's Permit | <input type="checkbox"/> Contractors Direct Pay Permit for Special Fuel |
| <input type="checkbox"/> Refund Gasoline Users | <input type="checkbox"/> Retail Dealer - Dyed Diesel Fuel |

8. Is this a new business? Yes No If not, who was the previous operator? _____

What was the business name? _____

9. Type of Ownership: Corporation Partnership - General Sole Proprietor Other: _____

10. If Corporation or Partnership, list names of officers, directors, managing partners, or members who have any responsibility for fiscal management of the organization. (If space provided is insufficient, please attach schedule.)

Name	Address	Social Security Number	Title	% Owned

11. Corporation organized under the laws of State of _____ Year _____

12. Date admitted or authorized to do business in Mississippi. _____

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13. Where will records be maintained? _____

14. Kind of product or service? _____

15. Persons applying for Natural Gas - Compressed Gas Users Permits must provide the information requested below.

Are you producing or purchasing natural gas or crude oil severed from the land or water within Mississippi? Yes No

16. Persons applying for Petroleum Distributors Permits must provide the information requested below.

Will gasoline be sold or distributed in Harrison County, Hancock County or Jackson County? Yes No

Will you use your own transport truck to import gasoline or diesel fuel into Mississippi? Yes No

Will you have gasoline or diesel fuel in storage at a marine or pipeline terminal in this State? Yes No

If yes, please provide the terminal name and location. _____

Estimate the average volume (in gallons) handled per month. Aviation Gasoline _____

Gasoline _____ Ethanol _____

Diesel Fuel _____ Jet Fuel _____

Compressed Gas _____ Biodiesel _____

Lubricating (Motor) Oil _____ Kerosene _____

17. Electronic Filing of Tax Returns by Petroleum Products Distributors

Compressed Gas Tax, Lubricating Oil Tax, Seawall Tax and Environmental Protection Fee Returns are filed by completing the forms on-line.

Please select the filing option for Gasoline Tax, Special Fuel Tax and Contractors Special Fuel Returns which require supporting schedules may be filed. Completing the returns on-line (Web Direct) or by Electronic Data Interchange (EDI)

Electronic Data Interchange (EDI) filing formats. Please select one. ANSI X-12 813 Version 4030 ASCII Flat File

Payment Method: ACH Debit

Electronic Filing Authorizations:

Name	E-Mail Address	Create Tax Returns	Pay Tax Returns	Update Banking Info
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the above statements are true and correct to the best of my knowledge and belief. As indicated on this completed form, I hereby apply for the appropriate permit(s) to engage in business. I agree to pay any and all taxes due the State of Mississippi and to comply fully in all respects with the applicable Mississippi Tax Laws and any corresponding rules and regulations.

Furthermore, the signature affixed to this application shall constitute the signature of the Licensee on Petroleum Tax returns, when electronically transmitting tax data and payments using the User Id and password issued by the Department of Revenue, as if such Tax Returns were actually signed by the Licensee and provided to the Mississippi Department of Revenue.

This information will be used for identification and in the administration of state tax laws. The Department is authorized to collect the information pursuant to 42 U.S.C. Section 405(c)(2)(c)(i). Any applicant who refuses to provide the required information will be denied the permit. See Section 27-77-1(e) and 27-77-11, Mississippi Code of 1972.

Print or type name of person signing application

Title

Date

Applicant's Signature