New York State Department of Taxation and Finance

Receipts at Marketing Locations Within this State

PT-101.1
(4/97)

Read instructions (Form PT-101-I) carefully. Keep a copy of this completed form for your records.

Name of distributor	Identification number	Month/year

Part I — Receipts at Marketing Locations Within this State from Sources Outside this State

Date of Receipt or Delivery	Method of Delivery	Name of Transporter and Transporter Number	Purchased From	Point of		Column A	Column B
				Shipment	Delivery	Gallons Purchased on Which the Tax Has Been Passed Through to You	All Other Gallons

Total Column A gallons *(enter here and on Form PT-101, line 26)* .....

Total Column B gallons .....

Total Column A gallons plus total Column B gallons *(enter here and on Form PT-101, line 2, Columns 1 and 2)* .....

Name of distributor	Identification number	Month/year

Part II — Receipts at Marketing Locations Within this State from Sources Within this State

Date of Receipt or Delivery	Method of Delivery	Name of Transporter and Transporter Number	Purchased From	Point of		Column A	Column B
				Shipment	Delivery	Gallons Purchased on Which the Tax Has Been Passed Through to You	All Other Gallons

Total Column A gallons *(enter here and on Form PT-101, line 26)* .....

Total Column B gallons .....

Total Column A gallons plus total Column B gallons *(enter here and on Form PT-101, line 3, Columns 1 and 2)* .....