Preparer's NYTPRIN

Date



only

(see instr.)

E-mail address of individual preparing this return

## New York State Department of Taxation and Finance Petroleum Business Tax Return Tax Law — Articles 12-A and 13-A

Use this form to report transactions for the month of January 2011. This return must be filled by February 21, 2011.		1		iax Law — Ai	ticles 12-A and 10-A					
Legal name  Legal	Us	e this fo	rm to	report transactions for the month of Ja	anuary 2011. This return r	nust k	pe filed by February 21,	201	1.	
Legal name	FEI	EIN Business telephone number Change of business infort You can update your add						natior ess		
Street street street instructions, and complete form the instructions, and complete form for your records.  Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.  Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.  Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.  Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.  Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.  Read Form PT-100-I, Instructions for Form PT-100-I, Instructions and Finance.  Mail to NYS TAX DEPARTMENT, PO BOX 1833, ALBANN NY 12201-1833  Type of filer — Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marked.  1	Legal name by visiting our Web site (se Need help? in Form PT-100						e 0-I).	ır		
City, state, ZIP code   Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.	address for further instruction. For more information, see 0							ions. Chan		
Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.  Payment — Attach your check or money order payable to: Commissioner of Taxation and Finance. Mail to: NYS TAX DEPARTMENT, PO BOX 1833, ALBANY NY 12201-1833  Type of filer — Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marked.  1 Motor fuel (registered as a distributor of motor fuel or as a liquefied petroleum gas fuel permittee) (from Form PT-101, line 47).  2 Diesel motor fuel (registered as a distributor of diesel motor fuel) (from Form PT-102, line 47).  3 Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27).  4 Tax on kero-jet fuel (registered as a distributor of diesel motor fuel, distributor of kero-jet fuel only, or as an avaiton fuel business) (from Form PT-104, line 17).  5 Electric corporations (from Form PT-105, line 3).  6 Retailers of heating oil only (registered as a retailer of heating oil only) (from Form PT-105, line 23).  7 Subtotal of tax due (add lines 1 through 6).  8 Oredits from prior month's return.  9 Tax due after credits (subract line 8 from line 7).  9 Tax due after credits (subract line 8 from line 7).  9 Tax due after credits (subract line 1 from line 7).  10 Refund/reimbursement from Form PT-100-B (attach Form PT-100-B).  11 Balance due (add lines 3 and 10; if an overpayment, enter of and enter the overpayment amount on line 17 below).  12 Current period electronic funds transfer or certified check payment already made (mark appropriate box or line 11).  13 Net balance due (add lines 3 and 10; if an overpayment, enter of and enter the overpayment amount on line 17 below).  15 Interest (see instructions).  16 Total amount due (add lines 10; 14, and 15).  17 Overpayment (see line 11).  18 Amount to be credited to next month's return.  19 Amount to be credited to next month'	Politeei									
Payment — Attach your check or money order payable to: Commissioner of Taxation and Finance. Mail to: NYS TAX DEPARTMENT, PO BOX 1833, ALBANY NY 12201-1833   Type of filer — Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marked.   Totals	City	y, state, 2	ZIP c	ode						
Payment — Attach your check or money order payable to: Commissioner of Taxation and Finance. Mail to: NYS TAX DEPARTMENT, PO BOX 1833, ALBANY NY 12201-1833   Type of filer — Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marked.   Totals	Rea	ad Form	PT-	100-l. Instructions for Form PT-100. ca	arefully. Keep a copy of th	nis co	mpleted form for your	recoi	rds.	
Motor fuel (registered as a distributor of motor fuel or as a liquefied petroleum gas fuel permittee) (from Form PT-101, line 29)   1   2   Diesel motor fuel (registered as a distributor of diesel motor fuel) (from Form PT-102, line 47)   2   3   Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)   3   Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)   3   4   Tax on kero-jet fuel (registered as a distributor of diesel motor fuel, distributor of kero-jet fuel only, or as an aviation fuel business) (from Form PT-104, line 17)   4   5   Electric corporations (from Form PT-104, line 17)   4   5   Electric corporations (from Form PT-105, line 3)   5   (	Payment — Attach your check or money order payable to: Commissioner of Taxation and Finance.									ed
Town Form PT-101, line 29	Type of filer — Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marked								Totals	
Residuals (registered as a residual petroleum product business) (from Form PT-103, line 47)	1	_						1		
### Tax on kero-jet fuel (registered as a distributor of diesel motor fuel, distributor of kero-jet fuel only, or as an aviation fuel business) (from Form PT-104, line 17)	2							2		
Tax on kero-jet fuel (registered as a distributor of diesel motor fuel, distributor of kero-jet fuel only, or as an aviation fuel business) (from Form PT-104, line 17)	3	3 Residuals (registered as a residual petroleum product business)								
6 Retailers of heating oil only (registered as a retailer of heating oil only)  (from Form PT-106, line 29)	4	■ Ta	хо	n kero-jet fuel (registered as a distrib	outor of diesel motor fuel, di	stribu	tor of kero-jet fuel only,	4		
Subtotal of tax due (add lines 1 through 6)   7   8   8   9   9   10   10   10   10   10   10	5	<b>■</b> Ele	ecti	ic corporations (from Form PT-105,	line 3)			5	(	)
Subtotal of tax due (add lines 1 through 6)   7   8   8   9   9   10   10   10   10   10   10	6	■ Re	tai	ers of heating oil only (registered	d as a retailer of heating oil of	only)				
8 Credits from prior month's return								6		
9 Tax due after credits (subtract line 8 from line 7)	7	Subtot	al of	tax due (add lines 1 through 6)				7		
10 Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)	8	Credits	fro	n prior month's return				8		
11 Balance due (add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below).  12 Current period electronic funds transfer or certified check payment already made (mark appropriate box)    A	9	·						9		
Current period electronic funds transfer or certified check payment already made (mark appropriate box)    A	10	·						10		
Current period electronic funds transfer or certified check payment already made (mark appropriate box)    A	11	·								
A based on actual tax due for the period January 1 through January 22, 2011  or  E - based on last year's comparable period (January 2010)  13 Net balance due (subtract line 12 from line 11)  14 Penalties (see instructions)  15 Interest (see instructions)  16 Total amount due (add lines 13, 14, and 15)  17 Overpayment (see line 11)  18 Amount to be credited to next month's return  19 Amount to be refunded (see instructions)  19 In am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions).  My exemption number is  1 certify that this business is duly licensed or registered to deal in each of the products that are being reported and that this return, including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete.  Authorized person  Paid Firm's name (or yours if self-employed)  E-mail address of authorized person  Date  Preparer's PTIN or SSN  Preparer's PTIN or SSN  Preparer's FIIN or SSN										
or  E										
13 Net balance due (subtract line 12 from line 11)		or		·	, ,	,				
13 Net balance due (subtract line 12 from line 11)		E		based on last year's comparable perio	od (January 2010)			12		
14 Penalties (see instructions)  15 Interest (see instructions)  16 Total amount due (add lines 13, 14, and 15)  17 Overpayment (see line 11)  18 Amount to be credited to next month's return  19 Amount to be refunded (see instructions)  1 I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions).  My exemption number is  1 certify that this business is duly licensed or registered to deal in each of the products that are being reported and that this return, including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete.  Authorized person  Paid Firm's name (or yours if self-employed)  Pirm's EIN Preparer's PTIN or SSN Preparer Signature of individual preparing this return Address  City State ZIP code	13	Net ba			• •					
15 Interest (see instructions) 16 Total amount due (add lines 13, 14, and 15) 17 Overpayment (see line 11) 18 Amount to be credited to next month's return 19 Amount to be refunded (see instructions) 19 Interest (see line 11) 10 Interest (see instructions) 11 Interest (see instructions) 12 Interest (see instructions) 15 Interest (see instructions) 16 Interest (see instructions) 17 Interest (see instructions) 18 Interest (see instructions) 19 Interest (see instructions) 10 Interest (see instructions) 11 Interest (see instructions) 12 Interest (see instructions) 13 Interest (see instructions) 14 Interest (see instructions) 15 Interest (see instructions) 16 Interest (see instructions) 18 Interest (see instructions) 19 Interest (see instructions) 10 Interest (see instru								14		
17 Overpayment (see line 11)	15	Interes	t (se	e instructions)				15		
17 Overpayment (see line 11)	16	Total a	mou	nt due (add lines 13, 14, and 15)				16		
I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions).  My exemption number is	17	Overpa	ayme	ent (see line 11)		17				
I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions).  My exemption number is	18	Amour	nt to	be <b>credited</b> to next month's return		18				
My exemption number is	19	Amour	nt to	be <b>refunded</b> (see instructions)		19				
I certify that this business is duly licensed or registered to deal in each of the products that are being reported and that this return, including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete.    Authorized   Paid   Firm's name (or yours if self-employed)   Firm's name (or yours if self-employed)   Firm's EIN   Preparer's PTIN or SSN	_	I am a s	sales	tax exempt organization and not subject to	the Article 13-A tax on pet	roleun	n businesses (see instructio	ns).		
including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete.    Authorized   Signature of authorized person   Official title		My exe	mpti	on number is						
including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete.    Authorized   Signature of authorized person   Official title	I се	rtify tha	t this	business is duly licensed or registere	d to deal in each of the p	orodu	cts that are being repo	rted	and that this ret	urn,
Authorized person E-mail address of authorized person Date  Paid preparer Signature of individual preparing this return Address City State ZIP code										•
Paid preparer     Firm's name (or yours if self-employed)     Firm's EIN     Preparer's PTIN or SSN       Signature of individual preparing this return     Address     City     State     ZIP code							le			
Paid preparer    Firm's name (or yours if self-employed)   Firm's EIN   Preparer's PTIN or SSN			ŀ	F-mail address of authorized person					Date	
preparer Signature of individual preparing this return Address City State ZIP code		Person	'	E man address of authorized person					Duic	
preparer Signature of individual preparing this return Address City State ZIP code	F	Paid	Firm's	name (or yours if self-employed)		Fi	rm's EIN	Pre	eparer's PTIN or SSN	V
	1 -	-	Signa	ture of individual preparing this return	Address		City		State ZIP c	ode