Date

Preparer's NYTPRIN

only

(see instr.)

E-mail address of individual preparing this return

New York State Department of Taxation and Finance Petroleum Business Tax Return

	1		(12/11)	lax Law — Ar	ticles 12-A and	13-A							
Use this form to report transactions for the month of December 2011 . This return must be filed by January 20, 2012 .													
Federal employer identification number (EIN) Business telephone number Change of business in							ge of business in	formatio					
	You can update your a												
Legal name and other business info by visiting our Web site Need help? in Form PT							e (see						
DBA Select the option to chan address for further instruction, see								ructions.	.				
Street of business information in instructions.								in the					
City	City, state, ZIP code												
Rea	d Form	PT-	100-I, Instructions for F	orm PT-100, ca	refully. Keep a c	opy of this o	complet	ed form for yo	our reco	ords.			
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										Pay	yment enclosed	t l	
Type of filer — Mark an X in all boxes that apply. You must submit the appropriate attachments for each box market											Totals		
1	Motor fuel (registered as a distributor of motor fuel or as a liquefied petroleum gas fuel permittee) (from Form PT-101, line 29)												
2	Diesel motor fuel (registered as a distributor of diesel motor fuel)												
	(from Form PT-102, line 48)								2	-			
3	Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)								3				
4			n kero-jet fuel (regi						_	1			
			aviation fuel business) (fr										
			ric corporations (fr							()	
6	6 Retailers of non-highway diesel motor fuel only (registered as a retailer of non-highway												
	diesel motor fuel only) (from Form PT-106, line 28)									_		+	
		Subtotal of tax due (add lines 1 through 6)											
		·								_		+	
		Tax due after credits (subtract line 8 from line 7)								+			
												+	
		Balance due (add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below) Current period electronic funds transfer or certified check payment already made (<i>mark appropriate box</i>								•		+	
	- based on actual tax due for the period December 1 through December 22, 2011							,O,X,Y					
	E - based on last year's comparable period (December 2010)							12					
13	Net balance due (subtract line 12 from line 11)										+		
	Penalties (see instructions)										_		
	Interest (see instructions)												
		•	nt due (add lines 13, 14,										
17		Overpayment (see line 11)											
18			be credited to next me										
19			be refunded (see instru										
			tax exempt organization a	and not subject to	the Article 13-A t	ax on petrole	ım busin	nesses (see instru	ctions).				
			on number is	·									
			business is duly licen							and th	hat this retu	rn,	
including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete. Signature of authorized person Official title									ete.				
A	uthoriz	ed	Official title										
	person	۱ [E-mail address of authorized	person		•				D	Date		
_	Doid	Firm's	s name (or yours if self-employed)		П	Firm's EIN	N	Pi	reparer'	's PTIN or SSN		
	Paid eparer -												
1 -	use	Signa	ture of individual preparing th	ils return	Address			City		State	e ZIP cod	ae	