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 Tax Law — Articles 12-A and 13-A

			1337 = 211						
Use	this fo	orm t	o report transactions for the month	of March 2013. This return	n mus	t be filed by April 22, 2	2013.	\neg	
	Federal employer identification number (EIN) Business telephone number () Change of business You can update your and other business i							n -	
Legal name by visiting our Web Need help? in Form						by visiting our Web site (so Need help? in Form PT-10	ee 10-I).		
DBA Select the option to change address for further instruction, see							tions. <i>Chan</i> ę		
Street of business information in instructions.									
City, state, ZIP code									
Read	Form	ı PT-	100-I, Instructions for Form PT-100,	, carefully. Keep a copy of	this co	ompleted form for your	reco	rds.	
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	
1			r fuel (registered as a distributor of morm PT-101, line 29)				1		
2	∐ Di	iese	I motor fuel (registered as a distrib	outor of diesel motor fuel)			2		
3	(from Form PT-102, line 48) 3 Residuals (registered as a residual petroleum product business)								
4	(from Form PT-103, line 27)								
	or	as an	aviation fuel business) (from Form PT-1	04, line 17)		<u></u>	4		
	Electric corporations (from Form PT-105, line 3)							()
6			lers of non-highway diesel	2				_	
7 (notor fuel only) (from Form PT-106, line 2	,			6		
			tax due (add lines 1 through 6)				7	!	
	Credits from prior month's return						8	+	
	Tax due after credits (subtract line 8 from line 7)						9	_ +	
	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)						10		
	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 (mark appropriate box)						11		
12 (A or	<u> </u>	placed on actual tax due for the pe		-				
Γ	E		based on last year's comparable p	eriod (March 2012)			12	_	
13 1			e due (subtract line 12 from line 11)				13	+	
							14		
	Penalties (see instructions) Interest (see instructions)						15		
		•	int due (add lines 13, 14, and 15)				16		
			ent (see line 11)				1.0		
		-	be credited to next month's return						
			be refunded (see instructions)						
	am a	sales	tax exempt organization and not subject	ct to the Article 13-A tax on pe	troleur	n businesses (see instruction	ns).		
			on number is	·					
l cert	ify tha	at this	s business is duly licensed or regist	ered to deal in each of the	produ	icts that are being repo	rted	and that this return,	,
			ccompanying riders, is to the best of					,	
			Signature of authorized person		fficial ti				
	thoriz	H	F-mail address of authorized person				Date		
perso		'	E-mail address of authorized person					Date	
Pa	aid	Firm's	s name (or yours if self-employed)		F	irm's EIN	Pre	eparer's PTIN or SSN	
prep	arer se	Signa	ature of individual preparing this return	Address		City		State ZIP code	
u				1					