

(see instr.)

PT-100 (7/13) New York State Department of Taxation and Finance Petroleum Business Tax Return Tax Law — Articles 12-A and 13-A

						_	
		report transactions for the month of					
rederal en	ipioyer	identification number (EIN)	Business telephone nui	mber Change of business inform You can update your address.		n -	
Legal name	^		()	and other business information	ation		
Legarnam	е			by visiting our Web site (se			
DBA				Select the option to chang	,	ır	
DBA				address for further instruct			
011				For more information, see of business information in		ge	
Street or business mormation in instructions.							
City, state,	ZIP co	de					
Read Forn	n PT-10	00-I, Instructions for Form PT-100, c	arefully. Keep a copy of t	his completed form for your	reco	rds.	
		ach your check or money order paya		· · · · · · · · · · · · · · · · · · ·		Payment e	enclosed
ayınıcını		to: NYS TAX DEPARTMENT, PO BC					
Type of file	er – M	ark an X in all boxes that apply. You m	ust submit the appropriate	attachments for each box mar	ked.	To	otals
4 E M	lotor	fuel (I		
		fuel (registered as a distributor of motor motor motor) <i>m PT-101</i> , <i>line</i> 29)			1		
<u>`</u>		· ,			<u>'</u>		
		motor fuel (registered as a distribut			_	L	
		m PT-102, line 48)			2		
		lals (registered as a residual petroleum					
		m PT-103, line 27)			3		
4 I Ta	ax on	kero-jet fuel (registered as a distri	butor of diesel motor fuel, d	istributor of kero-jet fuel only,			
or	as an a	viation fuel business) (from Form PT-104	!, line 17)		4		
5 📘 E	lectri	c corporations (from Form PT-105	5, line 3)		5	(
		ers of non-highway diesel m					
		tor fuel only) (from Form PT-106, line 28)	• . •	• •	6		
		ax due (add lines 1 through 6)			7		
8 Credits from prior month's return							
9 Tax due after credits (subtract line 8 from line 7)							
10 Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)							
· · · · · · · · · · · · · · · · · · ·							
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 A			· ·				
		pased on actual tax due for the perio	a July 1 through July 22,	2013			
or			/			L	
[E]		pased on last year's comparable per			12		
		due (subtract line 12 from line 11)			13		
	,	e instructions)			14		
15 Interes	st (see	instructions)			15	┞	
		t due (add lines 13, 14, and 15)			16		
17 Overp	paymer	nt (see line 11)		17	4		
18 Amou	ınt to b	e credited to next month's return		18			
		e refunded (see instructions)		19			
■ I am a	sales ta	ax exempt organization and not subject t	o the Article 13-A tax on pet	roleum businesses (see instruction	ns).		
My exe	emption	number is	·•				
I certify that	at this	business is duly licensed or register	ed to deal in each of the	oroducts that are being repo	rted	and that th	is return,
including a	any aco	companying riders, is to the best of	my knowledge and belief	true, correct, and complete.			
		ignature of authorized person	Of	ficial title			
Authoriz	_	mail addraga of cuth suited warmer				Dat-	
perso	''' ^E	-mail address of authorized person				Date	
Paid	Firm's r	name (or yours if self-employed)		Firm's EIN	Pr	eparer's PTIN	or SSN
preparer							
use	Signature of individual preparing this return Address Gity State Zir Code						∠IP code
only	E-mail address of individual preparing this return Preparer's NYTPRII					Date	