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

	1		1437 =411						
Use	this for	m to	report transactions for the month of D	ecember 2013. This return	n mus	at be filed by January 2	I. 201	4.	
Federal employer identification number (EIN) Business telephone number Change of business info You can update your add						matior ress			
Legal name and other business inform by visiting our Web site (see Need help? in Form PT-10							ee 00-l).		
DBA Select the option to change address for further instruct For more information, see							tions.		
Street of business information in instructions.									
City, state, ZIP code									
Read	l Form	PT-1	100-I, Instructions for Form PT-100, c	arefully. Keep a copy of t	his co	ompleted form for your	recor	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								Payment enclosed	
Type of filer — Mark an X in all boxes that apply. You must submit the appropriate attachments for each box mark								Totals	
1	Mo (fron	n Fo	fuel (registered as a distributor of motorm PT-101, line 29)	or fuel or as a liquefied petro	leum	gas fuel permittee)	1		
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 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			ic corporations (from Form PT-108				5		ļ <i>)</i>
6			ers of non-highway diesel m	• , •					
			otor fuel only) (from Form PT-106, line 28)				6		
			tax due (add lines 1 through 6)				7		
8 (Credits	fror	n prior month's return				8		
	Tax due after credits (subtract line 8 from line 7)								
10 F	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)								
11 E	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 both A)		
Г	or E	_ 	based on last year's comparable per	iod (December 2012)			12		
12 1			e due (subtract line 12 from line 11)						
							14		
	Penalties (see instructions)								
		•	,				15		
			nt due (add lines 13, 14, and 15)				16		
			ent (see line 11)			_	-		
			be credited to next month's return				-		
			be refunded (see instructions)						
			tax exempt organization and not subject to number is	to the Article 13-A tax on per	roieur	n businesses (see instruction	ons).		
	-	_						1.11	
			business is duly licensed or register					and that this retur	n,
	thorize		y accompanying riders, is to the best of my knowledge and belief true, correct, and compl Signature of authorized person Official title						
persor			E-mail address of authorized person					Date	
	aid	Firm's	name (or yours if self-employed)		F	irm's EIN	Pre	eparer's PTIN or SSN	
-	oarer 5	Signa	ture of individual preparing this return	Address		City		State ZIP code	е

Preparer's NYTPRIN

Date