only

(see instr.)

E-mail address of individual preparing this return

## PT-100 Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

1115 | For office use only

Payment – Attach your check or money order payable in U.S. funds to: *Commissioner of Taxation and Finance.**   Payment enclosed		1	idx Edw —	Articles 12-A dild 15-A				
Egain name   Business telephone number   Cliny   Business telephone number   Change of business information of the clinic process information of the control of the contr	Us	e this forn	n to report transactions for the month of N	November 2015. This return must b	e filed by December 21,	2015	.1	
Legal name   visiting our Web site (see Need here) in Form PT-100-1), Seed	Federal employer identification number (EIN)  Business telephone number You can update your address.					nation ss and	-	
Street	Legal name visiting our Web site (see I help? in Form PT-100-I). S							
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 in U.S. funds to: Commissioner of Taxation and Finance. Mail to: NYSTAX 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 29)  2 Diesel motor fuel (registered as a distributor of diesel motor fuel) (from Form PT-102, line 48)  3 Residuals (registered as a residual petroleum product business) (from Form PT-102, line 12)  4 1 Tax on Kero-jet fuel (registered as a distributor of diesel motor fuel, distributor of kero-jet fuel only, or as an avaitant fuel business) (from Form PT-104, line 17)	for further instructions. For more information, see <i>Cha</i>						•	
Read Form PT-100-1, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.  Payment – Attach your check or money order payable in U.S. funds 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 29)  2 Diesel motor fuel (registered as a distributor of diesel motor fuel) (from Form PT-102, line 49) 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 aviation fuel business) (from Form PT-104, line 17)  5 Electric corporations (from Form PT-105, line 3)  6 Retailers of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only (registered as a ret	Politeci							
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Payment – Attach your check or money order payable in U.S. funds 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	Rea	ad Form F	PT-100-L Instructions for Form PT-100	carefully. Keep a copy of this co	mpleted form for your re	ecord	S.	
Motor fue  (registered as a distributor of motor fuel or as a liquefled 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 49)   2   3   Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)   3   3   4   Tax on kero-jet fuel (registered as a distributor of diesel motor fuel, distributor of kero-jet fuel only, or as an avalation fuel 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 avalation fuel business) (from Form PT-104, line 17)   4   4   5   5   6   7   7   7   7   7   7   7   7   7			Attach your check or money order paya	ble in U.S. funds to: Commission	er of Taxation and Fina			
Town Form PT-101, line 29    Town Form PT-102, line 49    Town Form PT-103, line 29    Town Form PT-104, line 17    Town Form PT-104, line 20    Town Form PT-105, line 20    Town Form PT-106, line 28    Town Form PT-1	Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box market						Totals	
Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)   3	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)   Electric corporations (from Form PT-105, line 3)   5	2					2	l	
or as an aviation fuel business) (from Form PT-104, line 17)						3		
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)  7 Subtotal of tax due (add lines 1 through 6)						4		
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)  7 Subtotal of tax due (add lines 1 through 6)	5	■ Ele	ctric corporations (from Form PT-	105. line 3)		5		)
diesel motor fuel only) (from Form PT-106, line 28)  7 Subtotal of tax due (add lines 1 through 6)  8 Credits from prior month's return								
7 Subtotal of tax due (add lines 1 through 6)	·		9	• . •		6	I	
8 Credits from prior month's return	7		• • • • • • • • • • • • • • • • • • • •	,		7	1	
9 Tax due after credits (subtract line 8 from line 7)			,				1	
10 Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)		$\cdot$						
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)  A								
Current period electronic funds transfer or certified check payment already made (mark appropriate box)    A								
A - based on actual tax due for the period November 1 through November 22, 2015  or  E - based on last year's comparable period (November 2014)  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)  10 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								
or  E	-							
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)  1 am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions).  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   Paid   Firm's name (or yours if self-employed)   Preparer's PTIN or SSN     Preparer   Signature of individual preparing this return   Address   City   State   ZIP code   ZIP code				iod (to to mood) i amought to to mis	50. 22, 20.0			
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)  1 am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions).  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   Paid   Firm's name (or yours if self-employed)   Preparer's PTIN or SSN     Preparer   Signature of individual preparing this return   Address   City   State   ZIP code   ZIP code		E	- based on last year's comparable p	eriod (November 2014)		12	I	
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15 Interest (see instructions)								
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17 Overpayment (see line 11)			'					
18 Amount to be credited to next month's return								
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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 exem	ption 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 ce	rtify that	his business is duly licensed or registe	ered to deal in each of the produc	cts that are being reporte	ed an	d that this return,	
Authorized person E-mail address of authorized person Date  Paid preparer Signature of individual preparing this return Address City State ZIP code							<u> </u>	
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	A	uthoris		Official tit	le			
Paid preparer   Firm's name (or yours if self-employed)   Firm's EIN   Preparer's PTIN or SSN	A						Date	
preparer   Signature of individual preparing this return   Address   City   State   ZIP code	L	P010011						
1° °   Signature of individual preparing this fetum   Address Oily State Zir Code	F	Paid F	rm's name (or yours if self-employed)	☐ Fi	irm's EIN	Pre	parer's PTIN or SSN	
	1 -	- 13	gnature of individual preparing this return	Address	City		State ZIP code	;

Preparer's NYTPRIN

Date