

(1/16) Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

Use this form to report transactions for the month of January 2016. This return must be filed by February 22, 2016.							
Federal employer identification number (EIN)	Business telephone number	Change of business information - You can update your address and					
Legal name	other business information by visiting our Web site (see <i>Need</i> <i>help</i> ? in Form PT-100-I). Select the option to change your address for further instructions. For more information, see <i>Changes</i>						
DBA							
Street		in business information in the instructions.					
City, state, ZIP code							

Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.

Pa	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 mark			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)	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		5	()			
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)	6					
7	Subtotal of tax due (add lines 1 through 6)	7					
8		8					
9	Tax due after credits (subtract line 8 from line 7)	9					
	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)	10					
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 based on actual tax due for the period January 1 through January 22, 2016						
	or						
	E based on last year's comparable period (January 2015)	12					
13	Net balance due (subtract line 12 from line 11)	13					
	Penalties (see instructions)	14					
15		15					
16		16					
17				1			
18	Amount to be credited to next month's return 18	1					
	Amount to be refunded (see instructions)	1					
	I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instruction My exemption number is	s).					
I 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.							
	Signature of authorized person Official title						
A	uthorized person E-mail address of authorized person		Date				

Paid			FIIIISEIN	Flepalers Fillin of SSIN
	Signature of individual preparing this return	Address	City	State ZIP code
use				
only	E-mail address of individual preparing this return		Preparer's NYTPRIN	Date
(see instr.)				Date
(000 mour)				