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

0216

For office use only

Use this form to report transactions for the month of February 2016. This return must be filed by March 21, 2016.												
	ployer identification number (EIN)  Business telephone number   Change of business						_					
	You can update your a											
Legal name and other business inform by visiting our website (see									<sub>d</sub>			
help? in Form PT-100-I). S									<u> </u>			
DBA the option to change your a									SS			
for further instructions. For more information, see <i>Cha</i>												
Street in business information in t												
instructions.												
City, state, ZIP code												
Rea	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 Fina									. Pa	ayment enclose	d	
	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 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	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)								4				
5	E	lect	ric corporations (from Form PT-105, I	ine 3)				5	(		)	
			ers of non-highway diesel mo									
	di	esel n	otor fuel only) (from Form PT-106, line 28)					6				
7	Subto	otal of	tax due (add lines 1 through 6)					7				
8	Credi	Credits from prior month's return										
9	Tax d	Fax due after credits (subtract line 8 from line 7)										
10	Refur	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)										
11	Balan	Balance due (add lines 9 and 10; if an overpayment, enter <b>0</b> and enter the overpayment amount on line 17 below)										
12	Curre	Current period electronic funds transfer or certified check payment already made (mark appropriate box)										
	Α											
	or											
	E - based on last year's comparable period (February 2015)							12				
13	Net b	Net balance due (subtract line 12 from line 11)						13				
	Penalties (see instructions)							14				
15	Interest (see instructions)							15				
16	Total amount due (add lines 13, 14, and 15)							16				
17		Overpayment (see line 11)										
18	Amou	int to	be <b>credited</b> to next month's return		18							
19	Amou	ınt to	be refunded (see instructions)		19							
	I am a	sales	tax exempt organization and not subject to t	he Article 13-A tax on petro	leum	busines	ses (see instruction	s).				
	My ex	empti	on number is									
I ce	rtify th	at this	business is duly licensed or registered	to deal in each of the pr	roduc	ts that	are being report	ed a	nd th	at this return	n,	
incl	uding a	any a	ccompanying riders, is to the best of my	knowledge and belief tr	ue, c	orrect,	and complete.					
Signature of authorized person  Official title												
Authorized person E-mail address of authorized person								П	Date			
	00.00	2 mai address of addressed person								- /=		
	Paid	Firm'	s name (or yours if self-employed)		Fii	rm's EIN		Pro	eparer	r's PTIN or SSN	1	
pre	eparer	Siana	ture of individual preparing this return	Address			City		State	e ZIP co	ode	
	use						-				-	
	only e instr.)		il address of individual preparing this return				Preparer's NYTPRI	N	,  [	Date		