(see instr.)

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

0416

For office use only

Us	e this form	to report transactions for the month of A					
	Employer identification number (EIN) Business telephone number () Change of business inform you can update your add and other business inform and other business inform the properties of th					1-	
Legal name by visiting our website (see help? in Form PT-100-I). S the option to change your.					elect		
for further instructions. For more information, see <i>Cha</i>							
Street in business information in the instructions.							
Cit	y, state, ZIP	code					
Rea	ad Form P	Γ-100-I, <i>Instructions for Form PT-100</i> , ca	refully. Keep a copy of this co	mpleted form for your re	ecord	S.	
Pa	yment – A	tach your check or money order payable ⁄lail to: NYS TAX DEPARTMENT, PO BC	in U.S. funds to: <i>Commission</i> OX 1833, ALBANY NY 12201-	er of Taxation and Fina 1833	ance.	Payment enclosed	
Тур	e of filer -	Mark an X in all boxes that apply. You mus	t submit the appropriate attach	ments for each box mark	ed.	Totals	
1	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		el motor fuel (registered as a distributo			2		
3	Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)				3		
4	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	■ Elec	tric corporations (from Form PT-105,	line 3)		5	(
6		ilers of non-highway diesel mo motor fuel only) (from Form PT-106, line 28)			6		
7		of tax due (add lines 1 through 6)			7		
		om prior month's return			8		
9	Tax due a	fter credits (subtract line 8 from line 7)			9		
10	Refund/re	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)						
Current period electronic funds transfer or certified check payment already made (mark appliance) - based on actual tax due for the period April 1 through April 22, 2016							
	or		1.(4 11.00 (=)			_	
	E	- based on last year's comparable period			12		
		ce due (subtract line 12 from line 11)			13		-
		(see instructions)			14		
	•	see instructions)			15		
		ount due (add lines 13, 14, and 15)			16		
17		nent (see line 11)			-		
		be credited to next month's return be refunded (see instructions)					
19		es tax exempt organization and not subject to		husinossos (and instruction	2)		
	My exemp	ion number is					
		is business is duly licensed or registered			ed an	d that this return,	
ıncl	uding any	accompanying riders, is to the best of m					
Δ	uthorized	Signature of authorized person	Official tit	le			
	person	E-mail address of authorized person				Date	
I	Paid Firr	n's name (or yours if self-employed)	F	irm's EIN	Pre	parer's PTIN or SSN	
-	use	nature of individual preparing this return	Address	City		State ZIP code	<u> </u>
9	only _{E-n}	nail address of individual preparing this return		Preparer's NYTPRII	N	Date	_