Department of Taxation and Finance

## Petroleum Business Tax Return

Tax Law – Articles 12-A and 13-A

For office use only

Use this form to report transactions for the month of July 2016. This return must be filed by August 22, 2016.					
Employer identification number (EIN)  Legal name	Business telephone number ( )	Change of business information - You can update your address and other business information by visiting our website (see <i>Need</i>			
		help? in Form PT-100-I). Select the option to change your address			
DBA		for further instructions. For more information, see <i>Changes</i>			
Street		in business information in the instructions.			
City, state, ZIP code					
Read Form PT-100-I, Instructions for Form PT-100, care	efully. Keep a copy of this co	empleted form for your records.			

Payment enclosed 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. Totals 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 **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 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) (from Form PT-106, line 28) 6 7 Subtotal of tax due (add lines 1 through 6) 7 8 Credits from prior month's return.... 8 9 Tax due after credits (subtract line 8 from line 7) 9 10 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) - based on actual tax due for the period July 1 through July 22, 2016 ٥r 13 Net balance due (subtract line 12 from line 11) 14 Penalties (see instructions) 15 Interest (see instructions) 15 16 Total amount due (add lines 13, 14, and 15) 17 Overpayment (see line 11) 17 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. 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.

Authoriz		Signature of authorized person		Official title			
persoi	า	E-mail address of authorized person					Date
Paid	Paid Firm's name (or yours if self-employed)			Firm's EIN Prepare			er's PTIN or SSN
preparer							
	Signature of individual preparing this return Add		Address	City Sta			ate ZIP code
use							
only	E-ma	il address of individual preparing this return			Preparer's NYTPRIN		Date
(see instr.)							