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 September 2016. This return must be filed by October 20, 2016.

0916

For office use only

Employer identification number (EIN)	Business telephone number	Change of business inform You can update your addre	
Legal name and other business inf by visiting our website		and other business information by visiting our website (see help? in Form PT-100-I). So	ation Need
DBA		the option to change your a for further instructions. For more information, see <i>Cha</i>	address nges
Street		in business information in t instructions.	he
City, state, ZIP code		-	
Read Form PT-100-I, Instructions for Form PT-100, car	efully. Keep a copy of this co	mpleted form for your re	ecords.
Payment – Attach your check or money order payable in Mail to: NYS TAX DEPARTMENT, PO BOX	n U.S. funds to: Commission X 1833, ALBANY NY 12201-	er of Taxation and Fina 1833	ance. Payment enclosed
Type of filer – Mark an X in all boxes that apply. You must	submit the appropriate attach	ments for each box marke	ed. Totals
1 Motor fuel (registered as a distributor of motor f (from Form PT-101, line 29)	uel or as a liquefied petroleum g	as fuel permittee)	1
2 Diesel motor fuel (registered as a distributor			
(from Form PT-102, line 48)			2
Residuals (registered as a residual petroleum p (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, I	ine 17)		4
5 Electric corporations (from Form PT-105, I	ine 3)		5 ()
6 Retailers of non-highway diesel mo			
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
11 Balance due (add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below) 11			
Current period electronic funds transfer or certified check payment already made (mark appropriate box) A based on actual tax due for the period September 1 through September 22, 2016			
A based on actual tax due for the period s	September 1 through Septen	nber 22, 2016	
	(Contember 2015)		12
sacca on last your o comparable ponce	(September 2015)		13
13 Net balance due (subtract line 12 from line 11)			[L
14 Penalties (see instructions)			15
16 Total amount due (add lines 13, 14, and 15)			16
17 Overpayment (see line 11)			10
18 Amount to be credited to next month's return		1	
19 Amount to be refunded (see instructions)			
I am a sales tax exempt organization and not subject to t		businesses (see instructions	5).
My exemption number is			
I certify that this business is duly licensed or registered including any accompanying riders, is to the best of my			ed and that this return,
Signature of authorized person	Official tit		
Authorized person E-mail address of authorized person			Date
Paid Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN			
use	Address	City	State ZIP code
Only (see instr.) E-mail address of individual preparing this return Preparer's NYTPRIN Date			