Use this form to report transactions for the month of April 2017. This return must be filed by May 22, 2017.

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

0417

For office use only

Employer id	dentification number (EIN)	Business telephone number	Change of business inform		n -	
Legal name  ( )  Legal name  You can update your addres and other business informat by visiting our website (see help? in Form PT-100-I). Se				ation Need	d	
DBA the option to change your action for further instructions. For more information, see <i>Chan</i>				addres nges	38	
Street in business information in the instructions.				he		
City, state, ZIP code						
Read Form	n PT-100-I, Instructions for Form PT-100, care	fully. Keep a copy of this co	mpleted form for your re	ecord	ds.	
Payment – Attach your check or money order payable in U.S. funds to: Commissioner of Taxation and Final Mail to: NYS TAX DEPARTMENT, PO BOX 1833, ALBANY NY 12201-1833				nce.	Payment enclosed	
Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marke				ed.	d. 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		
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 <b>■</b> El	lectric corporations (from Form PT-105, li.	ne 3)		5	<b>(</b>	)
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		<u></u>
`				10		
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12 Current period electronic funds transfer or certified check payment already made (mark appropriate box)						
A   based on actual tax due for the period April 1 through April 22, 2017						
or						
E	based on last year's comparable period	(April 2016)		12		
·				13		
`				14	_	
` ´ ´				15		
				16		
	, ,		<u> </u>	1		
18 Amount to be <b>credited</b> to next month's return						
	sales tax exempt organization and not subject to the		businesses (see instructions	s).		
☐ My exe	emption number is					
	at this business is duly licensed or registered to			ed ar	nd 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						
Authorized Signature of authorized person Official title						
perso	E-mail address of authorized person	·			Date	
Paid	Firm's name (or yours if self-employed)	Fi	rm's EIN	Pre	eparer's PTIN or SSN	
preparer use	Signature of individual preparing this return	Address	City		State ZIP code	
only	E-mail address of individual preparing this return		Preparer's NYTPRIN	١	Date	