(see instr.)

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

**0717** | For office use only

excl. code

Us	e this fo	rm to report transactions for the mo	onth of <b>July 2017</b> . This re	turn must be	filed by August	21, 20 <sup>-</sup>	17.			
Employer identification number (EIN)  Business telephone number  ( )  Change of business in You can update your act and after business in You can update your act and your act are act and your act and your act and your act are act and your act and your act and your act are act an						ur addres	SS	-		
Legal name    Continue						site (see	Need	<i>i</i>		
DBA the option to change your for further instructions. For more information, see <i>Cha</i>								S		
Street in business information in instructions.										
City, state, ZIP code										
Rea	ad Form	PT-100-I, Instructions for Form PT	-100, carefully. Keep a co	py of this cor	npleted form for	vour re	cord	<b>_</b> ls.		
		Attach your check or money order part Mail to: NYS TAX DEPARTMENT	payable in U.S. funds to: <b>(</b>	Commissione	er of Taxation ar				nclosed	
Тур	e of file	r – Mark an X in all boxes that apply.				x marke	d.	To	otals	
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	2 Diesel motor fuel (registered as a distributor of diesel motor fuel)									
3	(from Form PT-102, line 48)  Residuals (registered as a residual petroleum product business)						2			
(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,							3			
	or a	s an aviation fuel business) (from Form	n PT-104, line 17)				4			
		ectric corporations (from Form					5	(		)
6		tailers of non-highway die								
		sel motor fuel only) (from Form PT-106,	-				6			
		al of tax due (add lines 1 through 6)					7			
8	Credits from prior month's return						8	<u> </u>		
	Tax due after credits (subtract line 8 from line 7)						9			
	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)						10			
	Balance due (add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below)						11			
12	Curren	t period electronic funds transfer or - based on actual tax due for the		-	e (mark appropriat	e box)				
	E	based on last year's comparat	alo poriod (July 2016)				12	-		
12		based on last year's comparat lance due (subtract line 12 from line 1					13		-	
		es (see instructions)				1	14	<u>-</u>		
		t (see instructions)				1	15	-		
		mount due (add lines 13, 14, and 15)				1	16	<u></u>		
		ayment (see line 11)				1				
		It to be <b>credited</b> to next month's re								
		t to be <b>refunded</b> (see instructions)								
		ales tax exempt organization and not s			ousinesses (see ins	structions	).			
	My exe	mption number is	·							
	,	this business is duly licensed or re	0		•		ed ar	d that this	return,	
incl	uding ar	ny accompanying riders, is to the be	est of my knowledge and			olete.				
Δ	uthoriz	Signature of authorized person		Officia	l title					
	person							Date		
l .	Paid	Firm's name (or yours if self-employed)		Fir	m's EIN		Pre	eparer's PTIN o	or SSN	
	eparer use	Signature of individual preparing this return	Address		City			State ZI	P code	
(00	only	E-mail address of individual preparing this re	eturn	Prepar	er's NYTPRIN	NYTE	PRIN	Date		