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 November 2017. This return must be filed by December 20, 2017.

1117

For office use only

Employer id	entification number (EIN)	Business telephone numb	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		.]	
()		()	You can update your add			
Legal name by visiting our website (see				ee Need		
			help? in Form PT-100-I). the option to change you			
DBA for further instructions. For						
			more information, see C			
Street in business information in t instructions.				n the		
			motradione.			
City, state, ZIP code						
Read Form	PT-100-I, Instructions for Form PT-100, care	efully. Keep a copy of this	completed form for your	records		
	- Attach your check or money order payable ir				Payment enclosed	
	Mail to: NYS TAX DEPARTMENT, PO BOX	X 15197, ALBANY NY 12	212-5197			
Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marke					ed. 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)						
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)				. 3		
(from Form PT-103, line 27)				. 3		
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 ■ Ele	ectric corporations (from Form PT-105, I	ine 3)		. 5	()
	etailers of non-highway diesel mot				`	
	sel motor fuel only) (from Form PT-106, line 28)	• • •	_	* I I		
7 Subtotal of tax due (add lines 1 through 6)						
8 Credits from prior month's return						
9 Tax due after credits (subtract line 8 from line 7)						
12 Current period electronic funds transfer or certified check payment already made (mark appropriate box)						
A - based on actual tax due for the period November 1 through November 22, 2017						
or						
E based on last year's comparable period (November 2016)				12		
				. 13		
,				. 14		
				. 15		
	mount due (add lines 13, 14, and 15)			. 16		
	ayment (see line 11)					
-	nt to be credited to next month's return					
	nt to be refunded (see instructions)					
lamas	sales tax exempt organization and not subject to the			ons).		
	mption number is	•				
	t this business is duly licensed or registered				I that this return,	
including ar	ny accompanying riders, is to the best of my					
Authoriz	Signature of authorized person	C	official title			
person					Date	
μο.σσ						
Paid	Firm's name (or yours if self-employed)		Firm's EIN	Prepa	arer's PTIN or SSN	, ,]
preparer	Signature of individual preparing this return	Address	City		State ZIP code	\dashv
use only	E mail address of individual preparing this return	I.o.	rongrar'a NVTDDINI AII	VTDDINI	Data	
(see instr.)	E-mail address of individual preparing this return		'	YTPRIN	Date	