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

1018 | For office use only

excl. code

Use this fo	rm to report transactions for the month of	of October 2018. This return must I	be filed by November 20 ,	2018		
			Change of business inforr	mation	_	
		()	You can update your addre			
			by visiting our website (see	e Need		
DDA			help? in Form PT-100-I). S the option to change your a		3	
DBA			for further instructions. For			
Stroot			more information, see <i>Cha</i> in business information in t			
Street			instructions.			
City, state, 2	ZIP code		_			
Read Form	PT-100-I, Instructions for Form PT-10	0, carefully. Keep a copy of this co	ompleted form for your re	ecords	3.	
	- Attach your check or money order pay				Payment enclosed	
	Mail to: NYS TAX DEPARTMENT, PO	O BOX 15197, ALBANY NY 1221	2-5197			
Type of file	er – Mark an X in all boxes that apply. You	must submit the appropriate attach	nments for each box mark	ed.	Totals	
				+	Totals	T
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	I	
3 Residuals (registered as a residual petroleum product business)						+
(from Form PT-103, line 27)				3	1	
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)				5	()
	etailers of non-highway diese			1 1		
	sel motor fuel only) (from Form PT-106, line			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	1	+
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)						+
A	- based on actual tax due for the pe					
or	based on actual tax due for the po	chod October 1 through October 2	22, 2010			
E	- based on last year's comparable	period (October 2017)		12	1	
13 Net balance due (subtract line 12 from line 11)				13		
14 Penalties (see instructions)				14		
15 Interest (see instructions)				15		
16 Total amount 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)		- hustrassas () ()	,		
	sales tax exempt organization and not subjection number is	ect to the Article 13-A tax on petroleun	n businesses (see instructions	s).		
	t this business is duly licensed or regis	tered to deal in each of the produ	icts that are being report	ed and	d that this return	
	ny accompanying riders, is to the best			eu and	J triat triis returri,	1
	Signature of authorized person		cial title			
Authoriz					Data	
persor	E-mail address of authorized person				Date	
Paid	Firm's name (or yours if self-employed)	<u> </u>	Firm's EIN	Prep	parer's PTIN or SSN	
preparer	Signature of individual preparing this return	Address	City		State ZIP code	
use only					<u> </u>	
(see instr.)	E-mail address of individual preparing this return	ı Prep		PRIN code i	Date	