

PT-100 (3/19) Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 12 A

0319 For office use only

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Tax	k Lav	v – A	Articles	12-A	and	13-A	

Use this form to report transactions for the me	onth of March 2019. This return must	be filed by April 22, 2019.
Employer identification number (EIN)	Business telephone number	Mandate to use Petroleum Business Tax Web File – Most
Legal name	filers fall under this requirement (see instructions).	
DBA		Change of business information – You can update your address
Street		and other business information by visiting our website. See
City, state, ZIP code		Change of business information in Form PT-100-I.

Read Form	PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.	
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Pay	yment – Attach your check or money order payable in U.S. funds to: Commissioner of Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197	Taxation and Fina 7	nce.	Payment enclosed	
Тур	e of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments	d.	Totals		
1	Motor fuel (registered as a distributor of motor fuel or as a liquefied petroleum gas fue (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			
3	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)					
5	Electric corporations (from Form PT-105, line 3)		5	()
6	Retailers of non-highway diesel motor fuel only (registered as a reta				
diesel motor fuel only) (from Form PT-106, line 28)					
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)		9		
10	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)		10		
11 Balance due (add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below)					
12 <u>Current period electronic funds transfer or certified check payment already made (mark appropriate box)</u>					
	A based on actual tax due for the period March 1 through March 22, 2019				
	or		12		
E based on last year's comparable period (March 2018)					
13 Net balance due (subtract line 12 from line 11)					
14		14			
15	Interest (see instructions)	15			
16	Total amount due (add lines 13, 14, and 15)		16		
17	Overpayment (see line 11)				
	Amount to be credited to next month's return				
19	Amount to be refunded (see instructions) 19				

I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions). My exemption number is _

I certify that this business is duly licensed or registered to deal in each of the products that are being reported and that this return, including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete.

Authoriz	Signature of authorized person		Official title		
person	E-mail address of authorized person		Date		
Paid	Firm's name (or yours if self-employed)		Firm's EIN	PTIN or SSN	
preparer					
use	Signature of individual preparing this return	Address	City	ate ZIP code	
only (see instr.)	E-mail address of individual preparing this return		IYTPRIN xcl. code	Date	

