

## OO (6/19) 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 Ju	ne 2019. This return must l	be filed by July 22, 2019	).	-	
Employer identification number (EIN) Business telephone number Mandate to use Petroleum					_	
Legal name     Giless fail under this requirem (see instructions).						
DBA			Change of business inform		-	
You can update your addre       Street     and other business informa       by visiting our website. See						
City, state, ZIP	<i>ation</i> i					
	-100-I, Instructions for Form PT-100, care					
Payment – Att N						
Type of filer -	Mark an X in all boxes that apply. You must s	submit the appropriate attach	ments for each box marke	əd.	Totals	
	1 <b>Motor fuel</b> (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)					
3 Resi						
<ul> <li>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)</li> </ul>						
01 85 8		<i>ie (1)</i>		4		
	tric corporations (from Form PT-105, lin ilers of non-highway diesel mote	-		5	(	)
		_				
diesel ı	6					
	of tax due (add lines 1 through 6) om prior month's return			7		
<ul><li>8 Credits from</li><li>9 Tax due ar</li></ul>	8 9					
10 Refund/re	9 10					
11 Balance d	11					
A	eriod electronic funds transfer or certified of - based on actual tax due for the period J					
or E	12					
13 Net balance due (subtract line 12 from line 11)					<b>a</b>	
14 Penalties (see instructions)						
15 Interest (s	15					
16 Total amo	16					
	nent (see line 11)			-		
18 Amount to	-					
	be <b>refunded</b> (see instructions)					
	s tax exempt organization and not subject to th ion number is	e Article 13-A tax on petroleun	n businesses (see instructions	s).		
	is business is duly licensed or registered t accompanying riders, is to the best of my l			ed ar	id that this return,	
Authorized	Signature of authorized person	-	cial title			
person	Email address of authorized person				Date	

1	•						
Paid	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's	Preparer's PTIN or SSN		
preparer							
use	Signature of individual preparing this return	Address	City	Sta	te ZIP code		
only	Email address of individual preparing this return	F	reparer's NYTPRIN	NYTPRIN	Date		
(see instr.)				excl. code			

