

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

For office use only

			o report transactions for the month of J					9.			
	Employer identification number (EIN) Business telephone number () Mandate to use Petrol Business Tax Web File Business Tax Web File						File – Mo				
Legal name filers fall under this requirem (see instructions).											
DBA Change of business inform You can update your address								S			
Street and other business information by visiting our website. See											
City, state, ZIP code Change of business inform 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									Payment enclosed		
Pa	Payment – Attach your check or money order payable in U.S. funds to: Commissioner of Taxation and Finance. Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197										
Type of filer - Mark an X in all boxes that apply. You must submit the appropriate attachments for each box market								ı.	Totals		
1			r fuel (registered as a distributor of motor prm 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)							-	4			
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5	■ Ele	ect	ric corporations (from Form PT-105,	line 3)				5	()	
6 Retailers of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only) (from Form PT-106, line 28)							ghway	6			
7			tax due (add lines 1 through 6)					7			
			m prior month's return					8			
	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)						ow) [ˈ	11			
12	Current period electronic funds transfer or certified check payment already made (mark appropriate box										
	A based on actual tax due for the period July 1 through July 22, 2019										
42	E based on last year's comparable period (July 2018)						_			+	
	Net balance due (subtract line 12 from line 11) Penalties (see instructions)							13 ■ 14 ■			
		Interest (see instructions)						15			
	Total amount due (add lines 13, 14, and 15)							16		1	
			ent (see line 11)		17						
			be credited to next month's return								
			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).										
Loc				d to deal in each of the r	oroduc	ts that are being	reporte	d and	that this return		
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.									,		
			Signature of authorized person	,	Officia						
Authoriz									Date		
	person	Email address of authorized person							Date		
	Paid	Firm	's name (or yours if self-employed)		Fi	rm's EIN	1 1	Prepa	arer's PTIN or SSN	, ,	
pr	eparer use	Sigr	ature of individual preparing this return	Address		City			State ZIP code		
	only ee instr.)	Email address of individual preparing this return Prepare				arer's NYTPRIN	NYTP		Date		
100		1			1 1		excl. c	ode			