

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

1019 For office use only

		rm to report transactions for the month of				9.	
Employer identification number (EIN)  Business telephone number  ( )  Business Tax Web File -							
Legal name filers fall under this requirem (see instructions).							
DBA Change of business inform You can update your address						1-	
Street and other business informa by visiting our website. See						in.	
City, state, ZIP code  Change of business information Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your re-							
_							
Pa	yment -	Attach your check or money order payal Mail to: NYS TAX DEPARTMENT, PO	ble in U.S. funds to: <b>Commiss</b> i BOX 15197, ALBANY NY 122	i <b>oner of Taxation and Fi</b> 212-5197	nance.	Payment enclosed	
Тур	e of file	r – Mark an X in all boxes that apply. You r	nust submit the appropriate atta	chments for each box ma	rked.	Totals	
1		<b>otor fuel</b> (registered as a distributor of momentum Form PT-101, line 29)			1		
2		esel motor fuel (registered as a distrit m Form PT-102, line 48)	*		2		
3	■ Re	esiduals (registered as a residual petrolei m Form PT-103, line 27)	um product business)				
		x on kero-jet fuel (registered as a dis			. 3		
4		as an aviation fuel business) (from Form PT-1		-	4		
		71	,				
5	■ El	ectric corporations (from Form PT-1	105, line 3)		. 5	(	
6		etailers of non-highway diesel					
		sel motor fuel only) (from Form PT-106, line 2					
7	Subtot	al of tax due (add lines 1 through 6)			7		
8	Credits	from prior month's return					
		e after credits (subtract line 8 from line 7) .					
		Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)					
11		lance 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 period October 1 through October 22, 2019					
	A	based on actual tax due for the per	riod October 1 through October	er 22, 2019			
	E	- based on last year's comparable pe	oried (October 2019)		42		
12		based on last year's comparable pe lance due <i>(subtract line 12 from line 11)</i>	,				
		les (see instructions)					
		t (see instructions)					
		mount due (add lines 13, 14, and 15)					
		ayment (see line 11)			10		
		at to be <b>credited</b> to next month's return.					
		nt to be <b>refunded</b> (see instructions)		9			
	I am a s	sales tax exempt organization and not subjec	t to the Article 13-A tax on petrole	um businesses (see instructi	ons).		
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,							
incl	uding a	ny accompanying riders, is to the best o		<u> </u>			
Δ	uthoriz	Signature of authorized person	0	fficial title			
^	persor					Date	
						DTIM CON	
	Paid	Firm's name (or yours if self-employed)		Firm's EIN	Pre	eparer's PTIN or SSN	
	eparer use	Signature of individual preparing this return	Address	City		State ZIP code	
	only	Email address of individual preparing this return	  P	reparer's NYTPRIN N	YTPRIN	Date	
(se	ee instr.)	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	-	cl. code		