

(11/19) 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 Nove	mber 2019. This return must	be filed by December 20	, 201	9.		
Employer identification number (EIN) Business telephone number Mandate to use Petroleur							
Legal name () Business Tax Web File – filers fall under this require (see instructions).							
DB	Ą	natior	1 – I				
Str	eet	ess ation					
by visiting our website. Se							
City	<i>ı</i> , state, ZIP code	ation	in				
Rea	d Form PT-100-I, Instructions for Form PT-100, car	efully. Keep a copy of this co	ompleted form for your r	ecor	ds.		
Pa	/ment – Attach your check or money order payable in Mail to: NYS TAX DEPARTMENT, PO BO.	n U.S. funds to: Commission X 15197, ALBANY NY 1221:	n er of Taxation and Fin a 2-5197	ance	Paymen	t enclosed	
Тур	e of filer – Mark an X in all boxes that apply. You must	submit the appropriate attach	ments for each box mark	ed.		Totals	
1	Motor fuel (registered as a distributor of motor f (from Form PT-101, line 29)			1			
2				· ·			
2	(from Form PT-102, line 48)	2					
3							
	(from Form PT-103, line 27)	3					
4	Tax on kero-jet fuel (registered as a distribu						
	or as an aviation fuel business) (from Form PT-104,	line 17)		4			
-	Electric corporations (from Electric States	(mag O)		_			
	Electric corporations (from Form PT-105,)			5			
6	Retailers of non-highway diesel mor diesel motor fuel only) (from Form PT-106, line 28).			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					
10	Refund/reimbursement from Form PT-100-B (attack	10					
11	Balance due (add lines 9 and 10; if an overpayment, enter	11					
12	Current period electronic funds transfer or certified						
	A - based on actual tax due for the period	November 1 through Novem	ber 22, 2019				
	or						
	E - based on last year's comparable period						
	Net balance due (subtract line 12 from line 11)			13			
	Penalties (see instructions)			14			
	Interest (see instructions)			15			
	Total amount due (add lines 13, 14, and 15)			16			
	Overpayment (see line 11)			-			
18	Amount to be credited to next month's return			_			
19	Amount to be refunded (see instructions)						
	I am a sales tax exempt organization and not subject to t My exemption number is	he Article 13-A tax on petroleun	n businesses (see instruction	s).			
l ce	rtify that this business is duly licensed or registered	to deal in each of the produ	cts that are being report	ed a	nd that th	is return.	
	uding any accompanying riders, is to the best of my						

Authorized person		Signature of authorized person	Official title				
		Email address of authorized person			Date		
Paid	Firm's name (or yours if self-employed)			Firm's EIN	Preparer's	PTIN or SSN	
preparer	Signature of individual preparing this return Address						
use			Address	City Sta		ate ZIP code	
only				Preparer's NYTPRIN	NYTPRIN	Date	
(see instr.)					excl. code		

