

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

0120 For office use only

			ion number (EIN)		Business telepl		oer Man	date to use P	etroleum	1	0.		
Legal name () Business Tax Web File – filers fall under this require (see instructions).													
DBA Change of business inform											-		
Street You can update your address and other business information by visiting our website. Se										ation			
City, state, ZIP code City, state, ZIP code Change of business inform Form PT-100-I.											in		
Rea	d Form	PT-100	O-I, Instructions for Form PT-100,	carefu	ılly. Keep a co	py of this	s comple	ted form fo	r your re	ecord	ds.		
Payment – Attach your check or money order payable in U.S. funds to: Commissioner of Taxation and Fina Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197										ance	. Pa	yment enclosed	
Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box mark									ed.		Totals		
1			Jel (registered as a distributor of mo							1			
	(from Form PT-101, line 29) Diesel motor fuel (registered as a distributor of diesel motor fuel)									<u> </u>			+
_	(from Form PT-102, line 48)									2			
3	Residuals (registered as a residual petroleum product business)									3			
_	(from Form PT-103, line 27)												+
4	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			
			, ,		•							,	
5	■ Ele	ectric	corporations (from Form PT-1)	05, line	3)					5	()
6	Retailers of non-highway diesel motor fuel only (registered as a retailer of non-highwa												
	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			
	Tax due after credits (subtract line 8 from line 7)									9			
10	Refund	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)								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 January 1 through January 22, 2020												
	or										L		
	E - based on last year's comparable period (January 2019)										_		+
	Net balance due (subtract line 12 from line 11)									13	_		+
		Penalties (see instructions)								14			+-
		otal amount due (add lines 13, 14, and 15)								15 16			+
10	Overna	verpayment (see line 11)								10	•		_
		Amount to be credited to next month's return								-			
		Amount to be refunded (see instructions)											
			exempt organization and not subject				-	nesses (see ir	nstructions	s).			
	My exe	mption n	number is			·		,					
I ce	rtify tha	t this bu	usiness is duly licensed or registe	red to	deal in each	of the pro	ducts th	at are being	g report	ed a	nd tha	at this return	,
incl	uding ar	ny acco	mpanying riders, is to the best of	my kr	nowledge and	belief tru	ie, correc	ct, and com	plete.				
	uth o vi =		nature of authorized person			(Official title						
	uthoriz person											Date	
1	Paid	Firm's n	ame (or yours if self-employed)	_			Firm's E	IN		Pro	eparer	's PTIN or SSN	, ,]
preparer use		Signatur	re of individual preparing this return	Ad	dress			City			S	State ZIP code	
only		Em-il :	Email address of individual preparing this return Preparer's NYTPRIN NYTF						יאיסס		Data		
	e instr.)	⊨maii ad	Linaii address or individual preparing triis return					NT I PKIN		code	Ш	Date	