

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

For office use only

		report transactions for the month							
Employer identification number (EIN)  Business telephone number  ( )  Business Tax Web File - N  filers fall under this required									
Legal name filers fall under this requireme (see instructions).  DBA Change of business information									
DBA  Change of business informat You can update your addres and other business informat							n –		
City, state, ZIP code and other business information by visiting our website. See							ı in		
Form PT-100-I.									
Read Form PT-100-I, <i>Instructions for Form PT-100</i> , carefully. Keep a copy of this completed form for your recor <b>Payment –</b> Attach your check or money order payable in U.S. funds to: <b>Commissioner of Taxation and Finance</b>								yment enclosed	_
Mail tó: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197							). Tay		
Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box market							$\bot$	Totals	
1		<b>fuel</b> (registered as a distributor of m PT-101, line 29)				1			
2	2 Diesel motor fuel (registered as a distributor of diesel motor fuel)  (from Form PT-102, line 48)								
3	3 Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)								
4 Tax on kero-jet fuel (registered as a distributor of diesel motor fuel, distributor of kero-jet fuel only,							1		
or as an aviation fuel business) (from Form PT-104, line 17)									
5	5 Electric corporations (from Form PT-105, line 3)						(		)
6	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)						┸—		
	Subtotal of tax due (add lines 1 through 6)								
	Credits from prior month's return								
	Tax due after credits (subtract line 8 from line 7)								
	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)								
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 March 1 through March 22, 2020 or								
12	E   - based on last year's comparable period (March 2019)						╂─		
		Penalties (see instructions)					+	+	
	•	Interest (see instructions)							
		Total amount due (add lines 13, 14, and 15)					-		
						16			
		Overpayment (see line 11)							
		Amount to be <b>refunded</b> (see instructions)							
$\overline{}$		ax exempt organization and not subj			businesses (see instru	ctions).			
	My exemption		·		•				
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,									
	•	companying riders, is to the best		•	•	•		·	
Signature of authorized person Official title									
A	Authorized person Email address of authorized person							Date	
	POTOGII LINGUI AGGIOGO OI AGGIOTEGA POTOGII								
Paid Firm's name (or yours if self-employed) Firm's EIN							reparer's	s PTIN or SSN	
	eparer Signa	ture of individual preparing this return	Address		City		⊥ S¹	tate ZIP code	
	use					. n. /=== :			
(see instr.) Linai address of individual preparing this fetum						NYTPRIN excl. code		Date	_