

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

0820 For office use only

		m to report transactions for the month of				0.
Employer identification number (EIN)  Business telephone number ( )  Business Tax Web File —  flore fell under this required						
Legal name filers fall under this requirem (see instructions).						
DBA  Change of business inform You can update your address and attentions informed to the property of the prop						1-
Street and other business informa by visiting our website. See City, state, ZIP code Change of business informa						in
Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your re						
Payment – Attach your check or money order payable in U.S. funds to: <i>Commissioner of Taxation and Finance.</i> Payment enclosed						
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 marke					ked.	Totals
1		<b>Otor fuel</b> (registered as a distributor of many many presented as a distributor of ma			. 1	
2	2 Diesel motor fuel (registered as a distributor of diesel motor fuel)  (from Form PT-102, line 48)					
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,					.   3	
•	or as an aviation fuel business) (from Form PT-104, line 17)					
		ectric corporations (from Form PT-				
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)					
7		al of tax due (add lines 1 through 6)				
8	3 Credits from prior month's return					
9	Tax due after credits (subtract line 8 from line 7)					
10	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)					
11	Balance 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 August 1 through August 22, 2020					
	or					
	E	based on last year's comparable p				
	Net balance due (subtract line 12 from line 11)  Penalties (see instructions)					
		•				
		st (see instructions)				
		mount due (add lines 13, 14, and 15)			. 16	
		ayment <i>(see line 11)</i> It to be <b>credited</b> to next month's return		8	$\dashv$	
		nt to be <b>credited</b> to next months return to be <b>refunded</b> (see instructions)			$\dashv$	
<del></del>					ons)	
I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions).  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,						
including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete.						
Signature of authorized person Official title						
A	Authorized person Email address of authorized person					Date
	person	Email address of address person				Bato
						eparer's PTIN or SSN
	eparer	Signature of individual preparing this return	Address	City		State ZIP code
	use only				(TDE:::	
(see instr.) Email address of individual preparing this return    Preparer's NYTPRIN   NYTPRIN   excl. code						