

PT-100 (1/22) Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

Use	e this form to report transactions for the month of Jan	uary 2022. This return must	t be filed by February 2 ′	l, 202	2.	
Employer identification number (EIN) Business telephone number Mandate to use Petroleum					7	
Legal name () Business Tax Web File – Media illers fall under this requirement filers fall under this requirement (see instructions).						
DB.	A		Change of business infor		-	
Stre	eet		You can update your add and other business inform by visiting our website. Se	nation		
	y, state, ZIP code		Change of business inform Form PT-100-I.	mation		
	ad Form PT-100-I, <i>Instructions for Form PT-100</i> , car					
Pay	yment – Attach your check or money order payable in Mail to: NYS TAX DEPARTMENT, PO BO.			ance.	Payment enclosed	
Тур	e of filer – Mark an X in all boxes that apply. You must	submit the appropriate attac	hments for each box marl	ked.	Totals	
1	Motor fuel (registered as a distributor of motor f (from Form PT-101, line 29)		•	1		
2	Diesel motor fuel (registered as a distributor (from Form PT-102, line 48)			2		
3	Residuals (registered as a residual petroleum p (from Form PT-103, line 27)			3		
4	Tax on kero-jet fuel (registered as a distribution or as an aviation fuel business) (from Form PT-104, J	itor of diesel motor fuel, distribu	utor of kero-jet fuel only,	4		
		<i></i>		· ·		
5	Electric corporations (from Form PT-105, I	line 3)		5	()
6	Retailers of non-highway diesel mo			/		, í
	diesel motor fuel only) (from Form PT-106, line 28) .					
7	Subtotal of tax due (add lines 1 through 6)					
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	h Form РТ-100-В)		10		
11	Balance due (add lines 9 and 10; if an overpayment, enter	er 0 and enter the overpayment	amount on line 17 below)	11	L	
12	Current period electronic funds transfer or certified					
	E based on last year's comparable period				<u> </u>	
	Net balance due (subtract line 12 from line 11)					
	Penalties (see instructions)				<u> </u>	
	Interest (see instructions)				<u> </u>	
	Total amount due (add lines 13, 14, and 15)			16		
	Overpayment (see line 11)			-		
	Amount to be credited to next month's return			-		
	Amount to be refunded (see instructions)		n husinesses (see instructio	200		
	My exemption number is					
	rtify that this business is duly licensed or registered		• •	ted ar	nd that this return,	
	uding any accompanying riders, is to the best of my Signature of authorized person	-	correct, and complete.			
A	uthorized					

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

