

(8/22) Department of Taxation and Finance **Petroleum Business Tax Return** Tax Law – Articles 12-A and 13-A

Us	e this form to report transactions for the month of Augu	st 2022. This return must b	e filed by September 20), 202	2.	
Employer identification number (EIN) Business telephone number (Mandate to use Petroleum Business Tax Web File – N			Most			
Legal name filers fall under this requirer (see instructions).				ment		
DE	3A		Change of business infor		1 –	
You can update your addre Street and other business informative by visiting our website. See						
City, state, ZIP code Change of businessis informa Form PT-100-I.						
	ad Form PT-100-I, <i>Instructions for Form PT-100</i> , care	<u> </u>				
Pa	yment – Attach your check or money order payable in Mail to: NYS TAX DEPARTMENT, PO BOX	U.S. funds to: Commissio 15197, ALBANY NY 1221	ner of Taxation and Fin 2-5197	ance.	Payment enclosed	
Ту	oe of filer – Mark an X in all boxes that apply. You must s	ubmit the appropriate attacl	hments for each box marl	ked.	Totals	
1	(from Form PT-101, line 29)			1		
2	Diesel motor fuel (registered as a distributor o (from Form PT-102, line 48)			2		
3	Residuals (registered as a residual petroleum pro	oduct business)		3		
	(from Form PT-103, line 27)				-	
4	Tax on kero-jet fuel (registered as a distribute or as an aviation fuel business) (from Form PT-104, line			4		
_					(
	Electric corporations (from Form PT-105, lin					
6	Retailers of non-highway diesel moto					
	diesel motor fuel only) (from Form PT-106, line 28)					
7	Subtotal of tax due (add lines 1 through 6)					
8						<u> </u>
9			<u> </u>			
10						
11						
12	Current period electronic funds transfer or certified of					
	A - based on actual tax due for the period Au	ugust 1 through August 22	, 2022			
	E based on last year's comparable period	(August 2021)		12		
13	Net balance due (subtract line 12 from line 11)		-	+		
	14 Penalties (see instructions)					+
	Interest (see instructions)					+
	Total amount due (add lines 13, 14, and 15)			16		+
	Overpayment (see line 11)					1
	Amount to be credited to next month's return			-		
19	• • • • • • • • • •			-		
	I am a sales tax exempt organization and not subject to the My exemption number is		n businesses <i>(see instruction</i>	ns).		
	ertify that this business is duly licensed or registered to	a deal in each of the produ	icts that are boing roper	tod a	nd that this roturn	
	luding any accompanying riders, is to the best of my k			ieu al		
	Signature of authorized person		cial title			
		-				

Authorize person			Official title	Date
Paid preparer use	Firm's name (or yours if self-employed) Signature of individual preparing this return	Address	Firm's EIN	Preparer's PTIN or SSN
only (see instr.)	Email address of individual preparing this return		Preparer's NYTPRIN NYTI excl.	PRIN Date

