



PT-100 (2/24)

Department of Taxation and Finance

Petroleum Business Tax Return

Tax Law - Articles 12-A and 13-A

0224

For office use only

Use this form to report transactions for the month of February 2024. This return must be filed by March 20, 2024.

Employer identification number (EIN), Business telephone number, Legal name, DBA, Street, City, state, ZIP code. Mandate to use Petroleum Business Tax Web File - Most filers fall under this requirement (see instructions). Change of business information - You can update your address and other business information by visiting our website. See Change of business information in Form PT-100-I.

Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your records.

Payment - Attach your check or money order payable in U.S. funds to: Commissioner of Taxation and Finance. Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197. Payment enclosed

Type of filer - Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marked. Totals

Table with 19 rows for filer types: 1 Motor fuel, 2 Diesel motor fuel, 3 Residuals, 4 Tax on kero-jet fuel, 5 Electric corporations, 6 Retailers of non-highway diesel motor fuel only, 7 Subtotal of tax due, 8 Credits from prior month's return, 9 Tax due after credits, 10 Refund/reimbursement from Form PT-100-B, 11 Balance due, 12 Current period electronic funds transfer or certified check payment already made, 13 Net balance due, 14 Penalties, 15 Interest, 16 Total amount due, 17 Overpayment, 18 Amount to be credited, 19 Amount to be refunded.

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.

Authorized person: Signature, Official title, Email address, Date. Paid preparer use only: Firm's name, Firm's EIN, Preparer's PTIN or SSN, Signature, Address, City, State, ZIP code, Email address, Preparer's NYTPRIN, NYTPRIN excl. code, Date.

70000102240094

