

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

0924 For office use only

		m to report transactions for the month of			· · · · · · · · · · · · · · · · · · ·	≀1, 2024	4		
Employer identification number (EIN) Business telephone number () Mandate to use Petroleum Business Tax Web File — Business Tax Web File —									
Legal name filers fall under this requirem (see instructions).									
DBA Change of business inform									
Street You can update your addred and other business informate by visiting our website. See									
City, state, ZIP code Change of business inform Form PT-100-I.							in		
Rea	ad Form	PT-100-I, Instructions for Form PT-10	0, carefully. Keep a copy o	f this co	mpleted form for yo	ur recor	ds.		
Pa	yment -	Attach your check or money order pay Mail to: NYS TAX DEPARTMENT, Po	able in U.S. funds to: Com r O BOX 15197, ALBANY N	nission Y 12212	er of Taxation and I 2-5197	⊂inance	Pay	yment enclosed	
Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box market								Totals	
1 Motor fuel (registered as a distributor of motor fuel or as a liquefied petroleum gas fuel permittee) (from Form PT-101, line 29)									
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, or as an aviation fuel business) (from Form PT-104, line 17)									
	01 6	as an aviation ruer business) (nom r ormir r	-10 4 , IIIIe 11)			4	1		
5 Electric corporations (from Form PT-105, line 3)						5	()
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	Subtotal of tax due (add lines 1 through 6)								
8	B Credits from prior month's return								
9	(
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)								
	- based on actual tax due for the period September 1 through September 22, 2024								
40	E based on last year's comparable period (September 2023)						_		
	Net balance due (subtract line 12 from line 11)								
	Penalties (see instructions)								
		Interest (see instructions) Total amount due (add lines 13, 14, and 15)							
		ayment (see line 11)				16			
		nt to be credited to next month's return				-			
		at to be refunded (see instructions)				\dashv			
=		sales tax exempt organization and not subje			businesses (see instruc	ctions).			
		mption 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,									
incl	uding a	ny accompanying riders, is to the best	of my knowledge and belie	f true, o	correct, and complet	e.			
_	uthorin	Signature of authorized person		Offici	al title				
Authoriz persor								Date	
1	Paid	Firm's name (or yours if self-employed)					eparer'	's PTIN or SSN	, ,]
preparer use		Signature of individual preparing this return	Address		City		S	State ZIP code	
only		Email address of individual preparing this return		Prepa	arer's NYTPRIN	NYTPRIN		Date	
(SE	ee instr.)					excl. code			