

CT-13-A

New York State Department of Taxation and Finance

Tax Report for Petroleum Businesses Taxable Under Article 13-A

For calendar year **1985**
or taxable period
beginning _____
ending _____

Mail to Processing Unit P.O. Box 1909 Albany, N.Y. 12201	Employer identification number	File number	<i>Official use only</i> Date received	
	Name			
This return must be filed 2½ months after the close of the report year.	Number _____ Street _____			
	City or town _____	State _____ ZIP Code _____		
Location of books and records	Telephone number _____	Date began business in N.Y. State _____	Federal business Group code number _____	<i>Audit use</i>
Federal return filed on <input type="checkbox"/> 1120 <input type="checkbox"/> 1040 <input type="checkbox"/> 1065 <input type="checkbox"/> other		Gross receipts from federal return _____		
Pay amount shown at line 12 — Make check payable to New York State Corporation Tax			\$	Payment

Schedule A — Computation of Tax and Payment of Estimated Tax

1. Adjusted gross receipts from sales of petroleum-from Line 17, Schedule B \$ _____ x .0275.....	1		
2. Petroleum consumed within New York State-from attachments 1, 2, 3 and 4.....	2		
3. Total of lines 1 and 2.....	3		
4. Minimum Tax.....	4	250	00
5. Tax — larger of lines 3 and 4.....	5		
6. First installment for period following that covered by this return			
a. Enter line 3 amount from <i>Application for Extension, Form CT-13AE, if filed</i>	6a		
b. If an <i>Application for Extension WAS NOT FILED</i> , and line 5 is over \$1,000, enter 25% of line 5. (The tax on line 5 must be annualized if such tax is based on a period of less than 12 months.).....	6b		
7. Total — line 5 plus line 6a or 6b.....	7		
8. Prepayments (page 4).....	8		
9. Balance — line 7 minus line 8.....	9		
10. Interest.....	10		
11. Additional charges:			
a. Additional charges (<i>compute on lesser of lines 5 or 9</i>).....	11a		
b. Underpayment of estimated tax penalties — <input type="checkbox"/> Form CT-222 attached.....	11b		
12. BALANCE DUE — Add lines 9, 10, 11a and 11b.....	12		
13. OVERPAYMENT:			
a. CREDIT to next period	13a		
b. REFUND	13b		

Certification

I hereby certify that this return, including any accompanying riders, is to the best of my knowledge and belief a true, correct and complete return.

Date	Authorized signature	Title
Date	Signature of individual or firm preparing this form	Preparer's address

