

CT-13-A

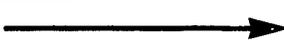
New York State Department of Taxation and Finance

Tax Report for Petroleum Businesses Taxable Under Article 13-A

For calendar year **1986**
 or taxable period
 beginning _____
 ending _____

Mail to:
 Processing Unit
 P.O. Box 1909
 Albany, NY 12201-1909
 within 2½ months of the
 close of the report year

If there have been any changes in your business' name, ID number, mailing or business address, telephone number or owner/officer information, please complete the enclosed Form DTF-95 . If no form is enclosed, call 1-800-462-8100 (from out of state, (518) 438-1073).	Employer identification number	File number	Date received
	Name		
	Number Street		
	City or town	State	ZIP Code
Telephone number	Date began business in NY State	Federal business Group code number	Audit use
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 \$	.....	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 or 4)	.....	5		
6. First installment for period following that covered by this return				
a. Enter line 3 amount from <i>Application for Extension</i> , Form CT-13AE, if filed	.....	6a		
b. If an <i>Application for Extension</i> WAS NOT FILED 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 (compute on lesser of lines 5 or 9)	.....	10		
11. Additional charges:				
a. Additional charges (compute on lesser of lines 5 or 9)	.....	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 (line 8 minus line 7)	.....	13a		
	a. CREDIT to next period			
	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

