New York State Department of Taxation and Finance

# Other Receipts

**PT-101.3**
(6/95)

Read instructions (Form PT-101-I) carefully. Keep a copy of this completed form for your records.

| Name of distributor | Identification number | Month/year |
|---|---|---|
| | | |

| Date Received | Explanation | Column A<br>Gallons Purchased on Which the Tax has been Passed Through to You | Column B<br>All Other Gallons |
|---|---|---|---|
| | | | |
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