New York State Department of Taxation and Finance

Receipts of Motor Fuel at Marketing Locations in New York State

PT-101.1
(3/99)

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

Name of distributor	Employer identification number or social security number	Month/year

Part I — Receipts at Marketing Locations in this State from Sources *Outside* this State

Date received	Mode of delivery	Transporter's name and employer identification number	Seller's name and employer identification number	City and state of: Shipment point	City and state of: Delivery point	Column A: Gallons purchased on which the tax has been passed through to you	Column B: All other gallons

Total Column A gallons (*enter here and on Form PT-101, line 26*) .....

Total Column B gallons .....

Total gallons *(add Columns A and B; enter here and on Form PT-101, line 2, Columns 1 and 2)* .....

Name of distributor	Employer identification number or social security number	Month/year

Part II — Receipts at Marketing Locations in this State from Sources *Within* this State

Date received	Mode of delivery	Transporter's name and employer identification number	Seller's name and employer identification number	City and state of: Shipment point	City and state of: Delivery point	Column A: Gallons purchased on which the tax has been passed through to you	Column B: All other gallons

Total Column A gallons (*enter here and on Form PT-101, line 26*) .....

Total Column B gallons .....

Total gallons *(add Columns A and B; enter here and on Form PT-101, line 3, Columns 1 and 2)* .....