



PT-100

(7/12)

New York State Department of Taxation and Finance

Petroleum Business Tax Return

Tax Law — Articles 12-A and 13-A

0712

For office use only

Use this form to report transactions for the month of **July 2012**. This return must be filed by **August 20, 2012**.

| | | |
|--|----------------------------------|--|
| Federal employer identification number (EIN) | Business telephone number () | Change of business information - You can update your address and other business information by visiting our Web site (see <i>Need help?</i> in Form PT-100-I). Select the option to change your address for further instructions. For more information, see <i>Change of business information</i> in the instructions. |
| Legal name | | |
| DBA | | |
| Street | | |
| City, state, ZIP code | | |

Read Form PT-100-I, *Instructions for Form PT-100*, carefully. Keep a copy of this completed form for your records.

| | |
|--|------------------|
| Payment — Attach your check or money order payable to: Commissioner of Taxation and Finance. Mail to: NYS TAX DEPARTMENT, PO BOX 1833, ALBANY NY 12201-1833 | Payment enclosed |
|--|------------------|

Type of filer — Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marked.

| | | Totals | |
|-----------|---|-----------|-----|
| 1 | <input type="checkbox"/> Motor fuel (registered as a distributor of motor fuel or as a liquefied petroleum gas fuel permittee) <i>(from Form PT-101, line 29)</i> | 1 | |
| 2 | <input type="checkbox"/> Diesel motor fuel (registered as a distributor of diesel motor fuel) <i>(from Form PT-102, line 48)</i> | 2 | |
| 3 | <input type="checkbox"/> Residuals (registered as a residual petroleum product business) <i>(from Form PT-103, line 27)</i> | 3 | |
| 4 | <input type="checkbox"/> 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) <i>(from Form PT-104, line 17)</i> | 4 | |
| 5 | <input type="checkbox"/> Electric corporations <i>(from Form PT-105, line 3)</i> | 5 | () |
| 6 | <input type="checkbox"/> Retailers of non-highway diesel motor fuel only (registered as a retailer of non-highway diesel motor fuel only) <i>(from Form PT-106, line 28)</i> | 6 | |
| 7 | Subtotal of tax due <i>(add lines 1 through 6)</i> | 7 | |
| 8 | Credits from prior month's return | 8 | |
| 9 | Tax due after credits <i>(subtract line 8 from line 7)</i> | 9 | |
| 10 | Refund/reimbursement from Form PT-100-B <i>(attach Form PT-100-B)</i> | 10 | |
| 11 | Balance due <i>(add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below)</i> .. | 11 | |
| 12 | Current period electronic funds transfer or certified check payment already made <i>(mark appropriate box)</i> <input type="checkbox"/> A - based on actual tax due for the period July 1 through July 22, 2012 or <input type="checkbox"/> E - based on last year's comparable period (July 2011) | 12 | |
| 13 | Net balance due <i>(subtract line 12 from line 11)</i> | 13 | |
| 14 | Penalties <i>(see instructions)</i> | 14 | |
| 15 | Interest <i>(see instructions)</i> | 15 | |
| 16 | Total amount due <i>(add lines 13, 14, and 15)</i> | 16 | |
| 17 | Overpayment <i>(see line 11)</i> | 17 | |
| 18 | Amount to be credited to next month's return | 18 | |
| 19 | Amount to be refunded <i>(see instructions)</i> | 19 | |

I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses *(see instructions)*.

My exemption 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, including any accompanying riders, is to the best of my knowledge and belief true, correct, and complete.

| | | | | |
|--|--|---------|--------------------|------------------------|
| Authorized person | Signature of authorized person | | Official title | |
| | E-mail address of authorized person | | | Date |
| Paid preparer use only <i>(see instr.)</i> | Firm's name <i>(or yours if self-employed)</i> | | Firm's EIN | Preparer's PTIN or SSN |
| | Signature of individual preparing this return | Address | City | State ZIP code |
| | E-mail address of individual preparing this return | | Preparer's NYTPRIN | Date |