PT-100
(10/14)

New York State Department of Taxation and Finance

Petroleum Business Tax Return

Tax Law — Articles 12-A and 13-A

1014

For office use only

Use this form to report transactions for the month of **October 2014**. This return must be filed by **November 20, 2014.**

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 *Need help?* in Form PT-100-I). Select the option to change your address for further instructions. For more information, see *Change of business information* 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 ☐	**Motor fuel** (registered as a distributor of motor fuel or as a liquefied petroleum gas fuel permittee) *(from Form PT-101, line 29)*	1	
2 ☐	**Diesel motor fuel** (registered as a distributor of diesel motor fuel) *(from Form PT-102, line 48)*	2	
3 ☐	**Residuals** (registered as a residual petroleum product business) *(from Form PT-103, line 27)*	3	
4 ☐	**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) *(from Form PT-104, line 17)*	4	
5 ☐	**Electric corporations** *(from Form PT-105, line 3)*	5	( )
6 ☐	**Retailers of non-highway diesel motor fuel only** (registered as a retailer of non-highway diesel motor fuel only) *(from Form PT-106, line 28)*	6	
7	Subtotal of tax due *(add lines 1 through 6)*	7	
8	Credits from prior month's return	8	
9	Tax due after credits *(subtract line 8 from line 7)*	9	
10	Refund/reimbursement from Form PT-100-B *(attach Form PT-100-B)*	10	
11	Balance due *(add lines 9 and 10; if an overpayment, enter **0** and enter the overpayment amount on line 17 below)*	11	
12	Current period electronic funds transfer or certified check payment already made *(mark appropriate box)* A ☐ - based on actual tax due for the period October 1 through October 22, 2014 or E ☐ - based on last year's comparable period (October 2013)	12	
13	Net balance due *(subtract line 12 from line 11)*	13	
14	Penalties *(see instructions)*	14	
15	Interest *(see instructions)*	15	
16	Total amount due *(add lines 13, 14, and 15)*	16	
17	Overpayment *(see line 11)*	17	
18	Amount to be **credited** to next month's return	18	
19	Amount to be **refunded** *(see instructions)*	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 *(see instr.)*	Firm's name *(or yours if self-employed)*	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	