

## (1/21) Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

Use	e this form to report transactions for the month of Janu	ary 2021. This return mu	ust I	be filed by February	22, 20	21.		
Employer identification number (EIN) Business telephone number Mandate to use Petroleu				um				
Image: line star     Image: line star       Legal name     filers fall under this requirem (see instructions).								
DBA Change of business inform						on –		
You can update your addre           Street         and other business informative by visiting our website. See								
City, state, ZIP code Change of business information Form PT-100-I.								
	ad Form PT-100-I, Instructions for Form PT-100, caref							
Payment – Attach your check or money order payable in U.S. funds to: Commissioner of Taxation and Fina Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197							Payment enclosed	
Тур	oe of filer – Mark an X in all boxes that apply. You must s	ubmit the appropriate atta	achi	ments for each box m	rked.		Totals	
1	(from Form PT-101, line 29)				1			
2	Diesel motor fuel (registered as a distributor o	f diesel motor fuel)						
	(from Form PT-102, line 48)				2			
3	<b>Residuals</b> (registered as a residual petroleum pro							
	(from Form PT-103, line 27)				3			
4	Tax on kero-jet fuel (registered as a distribute							
	or as an aviation fuel business) (from Form PT-104, lin	e 17)			4	_		
F	Electric corporations (from Form PT-105, lin	10 2)					,	
							<u> </u>	,
6	Retailers of non-highway diesel motor diesel motor fuel only) (from Form PT-106, line 28)							
7	Subtotal of tax due (add lines 1 through 6)							
8								
9								
10	<ul> <li>9 Tax due after credits (subtract line 8 from line 7)</li> <li>10 Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)</li> </ul>							
11								
	<ul> <li>2 Current period electronic funds transfer or certified check payment already made (mark appropriate box)</li> </ul>							
	A based on actual tax due for the period Ja							
	or	, 0	5					
	E - based on last year's comparable period	(January 2020)			12			
13	13 Net balance due (subtract line 12 from line 11)							
14	Penalties (see instructions)				14			
15	Interest (see instructions)							
16	Total amount due (add lines 13, 14, and 15)	·····			16			
	Overpayment (see line 11)		7					
	Amount to be credited to next month's return		_		_			
19	Amount to be <b>refunded</b> (see instructions)							
	I am a sales tax exempt organization and not subject to the My exemption number is	e Article 13-A tax on petrole	eum	businesses (see instruc	ions).			
	ertify that this business is duly licensed or registered to					and	that this return,	
inc	luding any accompanying riders, is to the best of my k	-		-				
	Signature of authorized person	C	Officia	al title				

Authorize person					Date
•					
Paid	Firm's name (or yours if self-employed)	Firm's EIN	PTIN or SSN		
preparer		1			
use	Signature of individual preparing this return	Address	City	ate ZIP code	
only					
(see instr.)	Email address of individual preparing this return		Preparer's NYTPRIN	NYTPRIN	Date
(300 1131.)				excl. code	

