

PT-100 (3/21) Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

Use	e this form to	o report transactions for the mont	th of March 2021. This retur	n must	be filed by April 20, 2	021.		
Employer identification number (EIN) Business telephone number (Mandate to use Petroleum Business Tax Web File – N						- Most		
Leg	gal name	ement						
DB	A	rmation	ı —					
Stre	eet				You can update your add and other business infor by visiting our website. S	nation		
City	y, state, ZIP o	ee mation	in					
Rea	ad Form PT	-100-I, Instructions for Form PT-1	00, carefully. Keep a copy o	of this co	Form PT-100-I.	record	ds.	
Pay	yment – Att M	ach your check or money order pa ail to: NYS TAX DEPARTMENT,	ayable in U.S. funds to: <i>Com</i> PO BOX 15197, ALBANY N	<i>missior</i> IY 12212	ner of Taxation and Fi 2-5197	nance.	Payment enclosed	
Тур	e of filer –	Mark an X in all boxes that apply. Yo	ou must submit the appropria	te attach	ments for each box ma	ked.	Totals	
1		r fuel (registered as a distributor of form <i>PT-101</i> , <i>line 29</i>)						
	•	. 1						
2	(from F	2						
	`	. 2						
ა		duals (registered as a residual petr form PT-103, line 27)				. 3		
4								
-	or as a	. 4						
							,	
5		ric corporations (from Form F	,				()
6		lers of non-highway dies			-	-		
_		notor fuel only) (from Form PT-106, lin						
	Subtotal of tax due (add lines 1 through 6)							
	Credits from prior month's return Tax due after credits (<i>subtract line 8 from line 7</i>)							
11	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B) Balance due (add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below)							
	Current pe							
		- based on actual tax due for the	,					
	or			,				
	E based on last year's comparable period (March 2020)							
13	Net baland	ce due (subtract line 12 from line 11)				. 13		
14	Penalties	(see instructions)				. 14		
	Interest (se							
		unt due (add lines 13, 14, and 15)				. 16		
		ent (see line 11)				_		
		be credited to next month's returned				_		
13		be refunded (see instructions) s tax exempt organization and not sub			husinesses (see instruction	ns)		
		on number is		Jeli Oleun		<i>iiis)</i> .		
l ce	rtify that thi	s business is duly licensed or reg	istered to deal in each of th	e produ	cts that are being repo	rted a	nd that this return,	
		ccompanying riders, is to the bes		ef true,	correct, and complete.			
Δ	uthorized	Signature of authorized person		Offic	ial title			
	person	Email address of authorized person					Date	

person					Dute	
Paid	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's	Preparer's PTIN or SSN		
preparer						
use	Signature of individual preparing this return	Address	City	Sta	State ZIP code	
only	Email address of individual preparing this return	Preparer's NYTPRIN NY		NYTPRIN	Date	
(see instr.)						

