Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

			report transactions for the month of Sept			1			21.	4		
Employer identification number (EIN) Business telephone number () Business talephone number () Business Tax Web Figure followed the requirement of the requireme							ile – Mos					
Legal name filers fall under this require (see instructions).								quireinein	•			
DBA Change of business infor									on –	.		
You can update your addr									n			
Street and other business inforr by visiting our website. S									1			
City, state, ZIP code Change of business inform Form PT-100-I.									n in			
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 in U.S. funds to: Commissioner of Taxation and Finance. Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197												
Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box market								marked.	Т		Totals	
1			r fuel (registered as a distributor of motor or 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	3 Residuals (registered as a residual petroleum product business)								Ť			
·	(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)												
									T			
5	■ Ele	ect	ric corporations (from Form PT-105,	line 3)				5	5	()
6	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)								3 L			
7	Subtotal of tax due (add lines 1 through 6)							7	7			
8	Credits from prior month's return							8	3			
9	Tax due after credits (subtract line 8 from line 7)							5)			
10	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)							10)			
11	Balanc	Balance due (add lines 9 and 10; if an overpayment, enter $m{0}$ and enter the overpayment amount on line 17 below) $$							1			
12		Current period electronic funds transfer or certified check payment already made (mark appropriate box										
	A based on actual tax due for the period September 1 through September 22, 2021											
or												
	E - based on last year's comparable period (September 2020)											
	Net balance due (subtract line 12 from line 11)											
		Penalties (see instructions)										
		nterest (see instructions)otal amount due (add lines 13, 14, and 15)						_			+-	
	_						·····	16)			
		Overpayment (see line 11)				•						
		<u> </u>						-				
		nount to be refunded (see instructions)										
			on number is	ine Article 13-A tax on petit	Jieuiii	Dusinesse	s (See IIISIII	uciioris).				
Lcc		_	s business is duly licensed or registered	I to deal in each of the n	rodu	ete that are	hoina ra	norted	and	that	thic return	
			ccompanying riders, is to the best of my						and	i tilat	tillo retarri	,
			Signature of authorized person	,age and sener t		al title	<u></u>					
Authorize person										(D)		
		•	Email address of authorized person								Date	
	Paid	Firn	's name (or yours if self-employed)		F	irm's EIN			Prep	arer's	PTIN or SSN	
preparer use		Siar	Signature of individual preparing this return Address							Sto.	te ZIP code	
		Address					City			Sid	to ∠ii- tode	
only (see instr.)		Email address of individual preparing this return			Prepa	arer's NYTPF	RIN	NYTPR			Date	
(30								excl. cod	е			