

(10/21) Department of Taxation and Finance **Petroleum Business Tax Return** Tax Law – Articles 12-A and 13-A

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		o report transactions for the month of O			•		1.	
Employer identification number (EIN) () Business telephone number () Business Tax Web File								
Legal name filers fall under this requirer (see instructions).								
DB	BA	formation	-					
You can update your addre Street								
by visiting our website. See City, state, ZIP code Change of business information Form PT-100-I.							in	
Rea	ad Form PT	-100-I, Instructions for Form PT-100, o	carefully. Keep a copy of thi	is con	npleted form for yo	ur record	ls.	
Ра	yment – Att M	ach your check or money order payabl ail to: NYS TAX DEPARTMENT, PO E	e in U.S. funds to: Commis 3OX 15197, ALBANY NY 12	sione 2212-	er of Taxation and 5197	Finance.	Payment enclosed	
		Mark an X in all boxes that apply. You m				arked.	Totals	
	Moto	r fuel (registered as a distributor of mot	or fuel or as a liquefied petrole	um ga	as fuel permittee)			
(from Form PT-101, line 29)								
(from Form PT-102, line 48)								
3	Resid	Juals (registered as a residual petroleur orm PT-103, line 27)	n product business)					
		n kero-jet fuel (registered as a dist						
-		aviation fuel business) (from Form PT-10						
			, - ,					
5	Elect	ric corporations (from Form PT-10	5, line 3)			5	()
6	Retai	lers of non-highway diesel m	notor fuel only (registered	ed as	a retailer of non-high	way		
	diesel n	notor fuel only) (from Form PT-106, line 28	3)			6		
7	Subtotal of	f tax due (add lines 1 through 6)				7		
8	Credits fro	m prior month's return				8		
9	Tax due af	9						
10	Refund/rei	10						
11		ie (add lines 9 and 10; if an overpayment, e						
12	Current pe	riod electronic funds transfer or certif	ox)					
		- based on actual tax due for the perio						
	or		C C					
	E .	- based on last year's comparable per	iod (October 2020)			12		
13		ce due (subtract line 12 from line 11)						
	Penalties (
	Interest (se							
		unt due (add lines 13, 14, and 15)				16		
		ent (see line 11)	Г	17				
		be credited to next month's return		18				
		be refunded (see instructions)		19				
		s tax exempt organization and not subject			ousinesses (see instru	ctions)		
	My exempti	on number is						
		s business is duly licensed or register			0		nd that this return,	
Incl	luding any a	ccompanying riders, is to the best of	my knowledge and belief tr			e.		
Δ	uthorized	Signature of authorized person		Official	Iuue			
		Email address of sutherized nersen					Dete	

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

