

PT-100 (11/21) Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

Use	this form to report transactions for the month of Nove	mber 2021. This return mi	ust b	be filed by December 2). 202	21.	
Em	Employer identification number (EIN) Business telephone number Mandate to use Petroleum Legal name filers fall under this requirem			n Most			
(see instructions).							
DB	A			Change of business infor You can update your addr		n –	
Street and other business informa							
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, care	efully. Keep a copy of this	s col	mpleted form for your	record	ds.	
Pa	yment – Attach your check or money order payable ir Mail to: NYS TAX DEPARTMENT, PO BOX				ance	Payment enc	losed
Тур	e of filer – Mark an X in all boxes that apply. You must	submit the appropriate att	achr	nents for each box marl	ked.	Tota	als
1	Motor fuel (registered as a distributor of motor fuel (from Form PT-101, line 29)				1		
2	Diesel motor fuel (registered as a distributor (from Form PT-102, line 48)				2		
3	Residuals (registered as a residual petroleum pi (from Form PT-103, line 27)	,			3		
4	Tax on kero-jet fuel (registered as a distribution or as an aviation fuel business) (from Form PT-104, I	tor of diesel motor fuel, dist	ributo	or of kero-jet fuel only,	4		
5	Electric corporations (from Form PT-105, I	ine 3)			5	(
6	Retailers of non-highway diesel mot diesel motor fuel only) (from Form PT-106, line 28)				6		
7	Subtotal of tax due (add lines 1 through 6)				7		
	Credits from prior month's return				8		
	Tax due after credits (subtract line 8 from line 7)				9		
	 Refund/reimbursement from Form PT-100-B (attach Form PT-100-B) 						
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 N						
	E - based on last year's comparable period	l (November 2020)			12		
13	Net balance due (subtract line 12 from line 11)						
	Penalties (see instructions)						
	Interest (see instructions)				15		
	Total amount due (add lines 13, 14, and 15)				16		
	Overpayment (see line 11)		7				1
	Amount to be credited to next month's return		8				
	Amount to be refunded (see instructions)		9				
	I am a sales tax exempt organization and not subject to the My exemption number is		eum	businesses (see instruction	ns).		
				4 - 4 4	4l		

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.

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

