

Department of Taxation and Finance

Petroleum Business Tax Return for Fuel Consumption – Commercial Vessels Tax Law – Article 13-A

	Tax Law - Atticle 13-A										
		For th	ie m	onth of:		, 2022					
			SSN								
	A			D :							
DB.	A (if different from legal name)			Business telepho	ne						
Stre	eet address (number and street)			()							
	(· · · · · · · · · · · · · · · · · · ·										
City	/	State		ZIP c	ode						
	tach your check or money order payable in U.S. funds to: Comm						- ^				
⊨n	ter the amount of your remittance here (from line 17 below)			Α		В	\$		С		4
				Motor fuel		Diesel motor f	fuel		Totals		
				Wiotor raoi		Biodol motor i	uo.		rotaio		
1	Total working days in New York State (NYS) territorial waters (see instr.) 1				1					
	Total working days everywhere										
3	Working days ratio (divide line 1 by line 2; round to nearest .0001)	3									
4	Total gallons of fuel used everywhere	4									
5	Gallons used in NYS (multiply line 3 by line 4)	5									
6	Tax rate (see instructions)	6		0.1	173	0.	1555				
7	Tax (multiply line 5 by the rate on line 6; enter total in column C)	7	\$			\$		\$			
8	This line intentionally left blank	8									
9	This line intentionally left blank	9									
10	Gallons of fuel purchased in NYS with the taxes included	10									
11	NYS tax paid on fuel purchases (multiply line 10 by the										
	rate of tax paid; enter total in column C) (see instructions)	11	\$			\$		\$			
12	Tax due/overpayment (subtract line 11 from line 7)	12						\$			
13	Credit available from prior returns (attach copies)	13						\$			
14	Tax due/overpayment after credits (subtract line 13 from line 12; if										
	line 12 is an overpayment, add lines 12 and 13 and enter on line 18 below	′ —						\$			_
15	Penalty (see instructions)	15	1					\$			_
	Interest (see instructions)		-					\$			_
	Total amount due (add lines 14, 15, and 16)							\$			_
	Refund/credit amount (if line 14 is an overpayment, enter that amount)		-					\$			_
	Amount to be credited to the next filed return		-					\$			_
	Amount to be refunded (subtract line 19 from line 18)	20						\$			7
	nird – party Yes No Designee's name (print)						esignee	e's phone)	number		
	designee ee instructions) Designee's email address							PIN			1
	rtification: I certify that all information provided on the return is true										-
nis	return. I make these statements with the knowledge that willfully pr	ovidin	ıg fa	lse or fraudule	nt in	formation with th	is doc	ument r	nay cor	ıstitute	

a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that the Tax Department is authorized to investigate the accuracy of any information entered on this return.

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	Sta	te ZIP code
only (see instr.)	Email address of individual preparing this return		Preparer's NYTPRIN	NYTPRIN excl. code	Date

See instructions for where to file.

