

## 100 Department of Taxation and Finance (11/23) Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A Α

Tax Law -	Articles	12-A and	13-4
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Employer identification number (EIN)	Business telephone number	Mandate to use Petroleum Business Tax Web File – Most		
Legal name		filers fall under this requirement (see instructions).		
DBA		Change of business information – You can update your address		
Street		and other business information by visiting our website. See		
City, state, ZIP code		<i>Change of business information</i> ir Form PT-100-I.		

	a Form FT-100-1, instructions for Form FT-100, carefully. Reep a copy of this completed form for your re-			
Pa	yment – Attach your check or money order payable in U.S. funds to: Commissioner of Taxation and Fina Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197	ance.	Payment enclosed	
Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box marked			Totals	
1	<b>Motor fuel</b> (registered as a distributor of motor fuel or as a liquefied petroleum gas fuel permittee) (from Form PT-101, line 29)	1		
2 Diesel motor fuel (registered as a distributor of diesel motor fuel) (from Form PT-102, line 48)				
3	Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)	3		
4 <b>Tax on kero-jet fuel</b> (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)				
5	Electric corporations (from Form PT-105, line 3)	5	(	)
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)				
7 Subtotal of tax due (add lines 1 through 6)		7		
8 Credits from prior month's return				
9	Tax due after credits (subtract line 8 from line 7)	9		
10 Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)				
<b>11</b> Balance due (add lines 9 and 10; if an overpayment, enter <b>0</b> and enter the overpayment amount on line 17 below)		11		
12	Current period electronic funds transfer or certified check payment already made ( <i>mark appropriate box</i> )       A     - based on actual tax due for the period November 1 through November 22, 2023       or			
		12		
E   - based on last year's comparable period (November 2022)     13 Net balance due (subtract line 12 from line 11)		13		
14 Penalties (see instructions)		14		
		15		
16 Total amount due (add lines 13, 14, and 15)		16		
17	Overpayment (see line 11)			
	Amount to be <b>credited</b> to next month's return			
	Amount to be <b>refunded</b> (see instructions)			

I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (see instructions). My exemption number is \_

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.

	Signature of authorized person		Official title			
Authoriz	ed					
person	Email address of authorized person				Date	
Paid	aid Firm's name (or yours if self-employed)		Firm's EIN Pre		eparer's PTIN or SSN	
preparer						
use	Signature of individual preparing this return	Address	City	Sta	ate ZIP code	
only				1		
	Email address of individual preparing this return		Preparer's NYTPRIN	NYTPRIN	Date	
(see instr.)				excl. code		

