

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

0324 For office use only

		m to report transactions for the month	ot Marc							4		
Employer identification number (EIN) Business telephone number (Business Tax Web File (Business Tax Web File (Business File (Business Tax Web File (Business File (Busines								le – Mos				
(see instructions).								,	-			
DBA Change of business inform										-		
Street You can update your addre and other business inform by visiting our website. Se												
City, state, ZIP code City, state, ZIP code Change of business inform Form PT-100-I.									on ir	1		
Read Form PT-100-I, Instructions for Form PT-100, carefully. Keep a copy of this completed form for your rec										s.		
Pa	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									.		Totals	
1		otor fuel (registered as a distributor o				•	,		1			
2	■ Diesel motor fuel (registered as a distributor of diesel motor fuel)											
_	(from Form PT-102, line 48)											
3	■ Re											
4 Tax on kero-jet fuel (registered as a distributor of diesel motor fuel, distributor of kero-jet fuel only,									3			+
-	or as an aviation fuel business) (from Form PT-104, line 17)								4			
		,,,		- /								
5	■ Ele	ectric corporations (from Form l	PT-105,	line 3)					5	1()
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)								6	1		
7	Subtotal of tax due (add lines 1 through 6)								7			
8	Credits from prior month's return								8			
9	Tax due after credits (subtract line 8 from line 7)								9			
10	Refund	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)										
11	Balanc	Balance due (add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below)										
12	Current period electronic funds transfer or certified check payment already made (mark appropriate box)											
	A based on actual tax due for the period March 1 through March 22, 2024											
or												
	E based on last year's comparable period (March 2023)									<u> </u>		<u> </u>
	Net balance due (subtract line 12 from line 11)									<u> </u>		-
		Penalties (see instructions)								<u> </u>		-
		Interest (see instructions) Total amount due (add lines 13, 14, and 15)							_	<u> </u>		
	_							1	ь			
	Overpayment (see line 11) Amount to be credited to next month's return											
		Amount to be refunded (see instructions)				_						
_	Amount to be refunded (see instructions)											
		mption number is					(,.				
Lce	rtify tha	t this business is duly licensed or rec	istered	to deal in each of the	pro	ducts that are	beina re	eported	an	d that	t this return.	
		ny accompanying riders, is to the bes									,	
		Signature of authorized person Official title										
Authoriz person											Date	
		Email address of authorized person									Date	
	Paid	Firm's name (or yours if self-employed)			Firm's EIN			Prep	parer's	PTIN or SSN		
preparer use only		Signature of individual preparing this return Address City								Sta	ate ZIP code	
	ee instr.)	Email address of individual preparing this retu	irn		P	reparer's NYTPRI	N 	NYTPR excl. co			Date	