

PT-100 (5/25) 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 May 20	025. This return must be filed	l by June 20, 2025.				
Employer identification number (EIN) Business telephone number (BIN) Business Tax Web File -							
Legal name filers fall under this requirer (see instructions).							
DB	A	nation	-				
You can update your addred Street and other business information by visiting our website. See							
	, state, ZIP code	nation					
	d Form PT-100-I, Instructions for Form PT-100, care						
Pay	ment – Attach your check or money order payable in Mail to: NYS TAX DEPARTMENT, PO BOX	U.S. funds to: Commission 15197, ALBANY NY 12212	er of Taxation and Fin 2-5197	ance.	Payment enclosed		
Тур	e of filer – Mark an X in all boxes that apply. You must s	ed.	Totals				
1	Motor fuel (registered as a distributor of motor fu (from Form PT-101, line 29)			1			
2	Diesel motor fuel (registered as a distributor of						
	(from Form PT-102, line 48)			2			
3	Residuals (registered as a residual petroleum pro (from Form PT-103, line 27)	3					
4	Tax on kero-jet fuel (registered as a distribute	or of diesel motor fuel, distribut	tor of kero-jet fuel only,				
	or as an aviation fuel business) (from Form PT-104, lin			4			
	Electric corporations (from Form PT-105, lin			5	()	
6	Retailers of non-highway diesel motor diesel motor fuel only) (from Form PT-106, line 28)			6			
7	Subtotal of tax due (add lines 1 through 6)			7			
8	This line intentionally left blank			8		1	
9	Tax due (enter amount from line 7)			9 10			
10	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)						
11							
12	Current period electronic funds transfer or certified \overline{A} - based on actual tax due for the period M						
	or						
	E based on last year's comparable period (May 2024)						
13	Net balance due (subtract line 12 from line 11)			13			
14	Penalties (see instructions)			14			
15	Interest (see instructions)			15			
16	Total amount due (add lines 13, 14, and 15)			16			
17	Overpayment (see line 11)						
	This line intentionally left blank			_			
19	Amount to be refunded (enter amount from line 17)						
	I am a sales tax exempt organization and not subject to the Article 13-A tax on petroleum businesses (<i>see instructions</i>). My exemption number is						
l ce	tify that this business is duly licensed or registered to	o deal in each of the produc	cts that are being report	ed ar	nd that this return		
	Iding any accompanying riders is to the best of my k						

inolding any accompanying hacis, is to the best of my knowledge and belief fide, correct, and complete.										
	Signature of authorized person		Official title							
Authoriz	ed									
person	Email address of authorized person				Date					
Paid	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's	s PTIN or SSN					
preparer										
	Signature of individual preparing this return	Address	City	tate ZIP code						
	Email address of individual preparing this return		Preparer's NYTPRIN NYTPRIN		Date					
(see instr.)				excl. code						
preparer use only (see instr.)	Signature of individual preparing this return Email address of individual preparing this return	Address		NYTPRIN						

