



PT-350
(1/25)

Department of Taxation and Finance

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

(For office use only)

For the month of _____, 2025		
Legal name	EIN or SSN	
DBA (if different from legal name)	Business telephone ()	
Street address (number and street)		
City	State	ZIP code

Attach your check or money order payable in U.S. funds to: **Commissioner of Taxation and Finance**.

Enter the amount of your remittance here (from line 17 below) **\$**

	A Motor fuel	B Diesel motor fuel	C Totals
1 Total working days in New York State (NYS) territorial waters (see instr.)	1		
2 Total working days everywhere	2		
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	0.165	0.1475
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)	14		\$
15 Penalty (see instructions)	15		\$
16 Interest (see instructions)	16		\$
17 Total amount due (add lines 14, 15, and 16)	17		\$
18 Refund/credit amount (if line 14 is an overpayment, enter that amount) ...	18		\$
19 Amount to be credited to the next filed return	19		\$
20 Amount to be refunded (subtract line 19 from line 18)	20		\$

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
		Designee's email address	PIN <input type="text"/>

Certification: I certify that all information provided on the return is true, correct and complete, and that I am authorized by the taxpayer to file this return. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute 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.

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

See instructions for where to file.

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