NEW YORK STATE

PT-350
(2/25)

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 February, 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 *(if line 14 is an overpayment, enter that amount)*	18			$
19 This line intentionally left blank	19			
20 Amount to be refunded *(enter amount from line 18)*	20			$

Third – party designee *(see instructions)*
Yes ☐ No ☐ | Designee's name *(print)* | Designee's phone number ( )
Designee's email address | PIN

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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