NEW YORK STATE

PT-100 (6/26)

Department of Taxation and Finance

Petroleum Business Tax Return

Tax Law – Articles 12-A and 13-A

0626

For office use only

Use this form to report transactions for the month of **June 2026**. This form must be filed by **July 20, 2026.**

Employer identification number (EIN)	Business telephone number ( )
Legal name	
DBA	
Street	
City, state, ZIP code	

Mandate to use Petroleum Business Tax Web File – Most filers fall under this requirement *(see instructions)*.

Change of business information – You can update your address and other business information by visiting our website. See *Change of business information* in Form PT-100-I.

For assistance, see Form PT-100-I, *Instructions for Form PT-100*. Keep a copy of this completed form for your records.

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 — 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	☐ **Motor fuel** (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)*	2	
3	☐ **Residuals** (registered as a residual petroleum product business) *(from Form PT-103, line 27)*	3	
4	☐ **Tax on kero-jet fuel** (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)*	4	
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)*	6	
7	Subtotal of tax due *(add lines 1 through 6)*	7	
8	This line intentionally left blank	8	
9	Tax due *(enter amount from line 7)*	9	
10	Refund/reimbursement from Form PT-100-B *(attach Form PT-100-B)*	10	
11	Balance due *(add lines 9 and 10; if an overpayment, enter **0** here and enter the overpayment amount on line 17)*	11	
12	Current period electronic funds transfer or certified check payment already made *(mark appropriate box)* ☐ A - based on actual tax due for the period June 1 through June 22, 2026 or ☐ E - based on last year's comparable period (June 2025)	12	
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)*	17	
18	This line intentionally left blank	18	
19	Amount to be **refunded** *(enter amount from line 17)*	19	

☐ 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.

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

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