

PT-350

NEW YORK

STATE

(For office use only)

(3/25)	Petroleum Business Tax Return for Fuel
()	Consumption – Commercial Vessels
	Tax Law – Article 13-A

	For the r	For the month of		
Legal name	EIN or SS	Ν		
DBA (if different from legal name)		Business telephone		
		()		
Street address (number and street)		•		
City	State	ZIP code		
Attach your check or money order payable				
Enter the amount of your remittance here (from line 17 below)			
		Δ	B	

				Α		В		С	
				Motor fuel E		Diesel motor fuel		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)			0.1	65	0.1	475		
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	This line intentionally left blank	13							
14	4 Tax due/overpayment (enter amount from line 12; if line 12 is an								
	overpayment, also enter that amount on line 18 below)							\$	
15	5 Penalty (see instructions)							\$	
16	16 Interest (see instructions)							\$	
17	17 Total amount due (add lines 14, 15, and 16)							\$	
18	8 Refund (if line 14 is an overpayment, enter that amount)							\$	
19	19 This line intentionally left blank								
20	Amount to be refunded (enter amount from line 18)	20						\$	
Th	Third – party Yes No Designee's name (print)					signee	e's phone number		
designee 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.

Authoriz		Signature of authorized person		Official t	title			
person	ו	Email address of authorized person				Date		
Paid	Firm	irm's name (or yours if self-employed)		Firm's EIN Preparer's			eparer's	PTIN or SSN
preparer								
use	Sign	nature of individual preparing this return	Address		City		Sta	ate ZIP code
only (see instr.)	Email address of individual preparing this return			Prepare		NYTPRIN excl. code		Date

See instructions for where to file.

