

Petroleum Business Tax Web File Format for Upload

Table of Contents				
Select a link from this table to go directly to the upload format for a particular schedule.				
PT-100	PT-200	FT-941	FT-942	PT-350
PT-101.1 – PT-101.5	PT-201.1	FT-941	FT-942	There is no information to upload
PT-102.1 – PT-102.4				
PT-103.1 – PT-103.3				
PT-104.1	PT-202.1			
PT-105 : There is no information to upload				
PT-106.1				

Mode of delivery			
Most schedules require you to provide mode of delivery information as part of your upload. Use this chart to determine the appropriate mode of delivery code.			
Mode of delivery	Code to use in upload	Mode of delivery	Code to use in upload
Barge	B	Rail	R
Book adjustment	BA	Ship	S
Stock transfer	BT or ST	Truck	J, T, TR, TT or TW
Pipeline	P or PL		

Motor Fuel Receipts (PT-101.1)

Part 1-Receipts from sources located outside New York State

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-101.1
B	Part	2	Alpha Numeric	Constant – 1
C	Date received	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Seller's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Seller's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Gallons with tax passed thru	9	Numeric	You must report gallons in column S or T, or both.
T	All other gallons	9	Numeric	You must report gallons in column S or T, or both.
U	Product code	3	Alpha Numeric	From PUB-902

Motor Fuel Receipts (PT-101.1)

Part 2-Receipts from sources located within New York State

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-101.1
B	Part	2	Alpha Numeric	Constant – 2
C	Date received	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Seller's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Seller's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided. Constant – NY
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Not required
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Gallons with tax passed thru	9	Numeric	You must report gallons in column S or T, or both.
T	All other gallons	9	Numeric	You must report gallons in column S or T, or both.
U	Product code	3	Alpha Numeric	From PUB-902

Transfers and Sales of Motor Fuel Outside New York State (PT-101.2)

Part 1-Transfers and sales out of New York State

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.2
B	Part	2	Alpha Numeric	Constant - 1
C	Date shipped or sold	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided. Constant – NY
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alpha Numeric	Not required
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Transfers and Sales of Motor Fuel Outside New York State (PT-101.2)

Part 2-Sales in New York State for immediate export

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.2
B	Part	2	Alpha Numeric	Constant - 2
C	Date sold	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided. Constant – NY
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alpha Numeric	Not required
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Nontaxable Sales of Motor Fuel (PT-101.3)

Part 1-Sales to New York State, its municipalities, or to United States Government

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.3
B	Part	2	Alpha Numeric	Constant - 1
C	Date sold	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Governmental agency's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Governmental agency's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Contract or approval #	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Nontaxable Sales of Motor Fuel (PT-101.3)

Part 2-Exempt sales on Indian reservations

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.3
B	Part	2	Alpha Numeric	Constant - 2
C	Date sold	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alpha Numeric	Required if no destination TCN provided.
P	Destination state	2	Alpha Numeric	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Nontaxable Sales of Motor Fuel (PT-101.3)

Part 3-Sales to exempt diplomats and missions by credit card

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.3
B	Part	2	Alpha Numeric	Constant – 3
C	Date sold	10	Date	MM/DD/CCYY format
D	Dealer's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Dealer's name	35	Alpha Numeric	
F	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
G	Purchaser's name	35	Alpha Numeric	
H	Purchase location - city	18	Alpha Numeric	
I	Purchase location - state	2	Alpha Numeric	Constant – NY
J	Purchase location - zip	10	Alpha Numeric	Provide if available; not required.
K	Purchase location-country	2	Alphabetic	Not required
L	Exempt number	20	Alpha Numeric	Exempt number issued by the U.S. Department of State Office of Foreign Missions.
M	Gallons	9	Numeric	
N	Product code	3	Alpha Numeric	From PUB-902

Nontaxable Sales of Motor Fuel (PT-101.3)

Part 4A-Sales to exempt hospitals

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.3
B	Part	2	Alpha Numeric	Constant – 4A
C	Date sold	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin city	18	Alphabetic	
J	Origin state	2	Alphabetic	Required if located in the US or CA.
K	Origin zip	10	Alpha Numeric	Provide if available; not required.
L	Origin country	2	Alphabetic	Required if other than US or CA.
M	Destination city	18	Alphabetic	
N	Destination state	2	Alphabetic	Constant – NY
O	Destination zip	10	Alpha Numeric	Provide if available; not required.
P	Destination country	2	Alphabetic	Not required
Q	Purchaser's exempt organization identification number	8	Alpha Numeric	Exempt organization identification number is 'EX' followed by the 6 digit number assigned by the NYS Department of Taxation and Finance
R	Gallons	9	Numeric	
S	Product code	3	Alpha Numeric	From PUB-902

Nontaxable Sales of Motor Fuel (PT-101.3)

Part 4B-Other nontaxable distributions

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.3
B	Part	2	Alpha Numeric	Constant – 4B
C	Date Sold	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin city	18	Alphabetic	
J	Origin State	2	Alphabetic	Required if located in the US or CA.
K	Origin zip	10	Alpha Numeric	Provide if available; not required.
L	Origin country	2	Alphabetic	Required if other than US or CA.
M	Destination city	18	Alphabetic	
N	Destination state	2	Alphabetic	Constant – NY
O	Destination zip	10	Alpha Numeric	Provide if available; not required.
P	Destination country	2	Alphabetic	Not required
Q	Purchaser city	18	Alphabetic	
R	Purchaser state	2	Alphabetic	Required if located in the US or CA.
S	Purchaser zip	9	Alpha Numeric	Provide if available; not required.
T	Purchaser country	2	Alphabetic	Required if other than US or CA.
U	Gallons	9	Numeric	
V	Product code	3	Alpha Numeric	From PUB-902

Nontaxable Sales of Motor Fuel (PT-101.3)

Part 5-Aviation gasoline used, stored, or sold to retail sellers of aviation gasoline

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.3
B	Part	2	Alpha Numeric	Constant - 5
C	Date sold	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin city	18	Alphabetic	
J	Origin state	2	Alphabetic	Required if located in the US or CA.
K	Origin zip	10	Alpha Numeric	Provide if available; not required.
L	Origin country	2	Alphabetic	Required if other than US or CA.
M	Destination city	18	Alphabetic	
N	Destination state	2	Alphabetic	Constant – NY
O	Destination zip	10	Alpha Numeric	Provide if available; not required.
P	Destination country	2	Alphabetic	Not required
Q	Manifest number	20	Alpha Numeric	
R	Gallons	9	Numeric	
S	Product code	3	Alpha Numeric	From PUB-902

Nontaxable Sales of Motor Fuel (PT-101.3)

Part 6-Sales of E85 to filling stations

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.3
B	Part	2	Alpha Numeric	Constant - 6
C	Date sold	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	

Aviation Gasoline Consumed by Aircraft of Distributors of Motor Fuel (PT-101.4)

Consumed in New York State by aircraft

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.4
B	Type of aircraft	25	Alpha Numeric	
C	Number of flights taking off from within NYS	4	Numeric	Must be zero or greater.
D	Gallons of aviation gasoline per departure	4	Numeric	
E	Gallons of aviation gasoline consumed in NYS	9	Numeric	

Certain sales in NYS with the Motor Fuel Tax Passed Through (PT-101.5)

Part 1-Sales or use of motor fuel

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.5
B	Part	2	Alpha Numeric	Constant - 1
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Certain sales in NYS with the Motor Fuel Tax Passed Through (PT-101.5)

Part 2-Sales or use of LPG (liquefied petroleum gas)

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.5
B	Part	2	Alpha Numeric	Constant - 2
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided. Constant – NY
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Not required
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	Constant - 054

Certain sales in NYS with the Motor Fuel Tax Passed Through (PT-101.5)

Part 3-Sales or use of CNG (compressed natural gas)

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-101.5
B	Part	2	Alpha Numeric	Constant - 3
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided. Constant – NY
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Not required
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	Constant - 224

Diesel Motor Fuel Receipts (PT-102.1)

Part 1-Receipts in New York State from sources located outside this state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-102.1
B	Part	2	Alpha Numeric	Constant – 1
C	Date received	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Seller's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Seller's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin State	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Gallons	9	Numeric	
T	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Receipts (PT-102.1)

Part 2-Receipts in New York State from sources located within this state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-102.1
B	Part	2	Alpha Numeric	Constant – 2
C	Date received	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Seller's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Seller's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin State	2	Alphabetic	Required if no origin TCN provided. Constant – NY
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Not required
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Gallons with tax passed thru	9	Numeric	You must report gallons in column S or T, or both.
T	All other gallons	9	Numeric	You must report gallons in column S or T, or both.
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Nontaxable Sales (PT-102.2)

Part 1a-Sales of non-highway diesel motor fuel or untaxed qualified biodiesel to persons registered as a distributor of diesel motor fuel under Article 12-A

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.2
B	Part	2	Alpha Numeric	Constant – 1A
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Nontaxable Sales (PT-102.2)

Part 1b-Sales of untaxed highway diesel motor fuel delivered by pipeline, railcar, barge, tanker (ship), or other marine vessel to a terminal of a registered/licensed operator, or sold within a terminal of a registered/licensed operator, where it was delivered

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.2
B	Part	2	Alpha Numeric	Constant – 1B
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Nontaxable Sales (PT-102.2)

Part 2 – Sales of non-highway diesel motor fuel to exempt organizations

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.2
B	Part	2	Alpha Numeric	Constant - 2
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Exempt organization identification number	8	Alpha Numeric	Exempt organization identification number is 'EX' followed by the 6 digit number assigned by the NYS Department of Taxation and Finance
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Nontaxable Sales (PT-102.2)

Part 3 – Exempt sales on Indian reservations

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.2
B	Part	2	Alpha Numeric	Constant - 3
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Nontaxable Sales (PT-102.2)

Part 4 – Sales to New York State, its municipalities, or to the United States government

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.2
B	Part	2	Alpha Numeric	Constant - 4
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Contact or approval number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Nontaxable Sales (PT-102.2)

Part 5 – Sales or use of non-highway diesel motor fuel for farming

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-102.2
B	Part	2	Alpha Numeric	Constant – 5
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Gallons used in the production phase	9	Numeric	Only include gallons sold or used directly and exclusively in the production phase of farming. You must report gallons in column S or T, or both.
T	Other gallons	9	Numeric	Only include gallons sold or used in farm production or commercial horse boarding operations, but not directly and exclusively in the production phase (for example, gallons sold for use in administration, storage, or marketing). You must report gallons in column S or T, or both.
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Receipts- Transfers and Sales out of New York State and Sales in New York State for Immediate Export (PT-102.3)

Part 1 – Transfers and sales out of New York State

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.3
B	Part	2	Alpha Numeric	Constant - 1
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided. Constant – NY
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Not required
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Receipts- Transfers and Sales out of New York State and Sales in New York State for Immediate Export (PT-102.3)

Part 2 – Sales in New York State for immediate export

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.3
B	Part	2	Alpha Numeric	Constant - 2
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided. Constant – NY
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Not required
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Taxable Sales or Use, Sales to Manufacturers for Use in Manufacturing, and Sales to Railroads for Use as Railroad Diesel (PT-102.4)

Part 1 – Taxable sales or use

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.4
B	Part	2	Alpha Numeric	Constant - 1
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alpha Numeric	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Taxable Sales or Use, Sales to Manufacturers for Use in Manufacturing, and Sales to Railroads for Use as Railroad Diesel (PT-102.4)

Part 2 – Sales or use of non-highway diesel motor fuel in manufacturing

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.4
B	Part	2	Alpha Numeric	Constant - 2
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Taxable Sales or Use, Sales to Manufacturers for Use in Manufacturing, and Sales to Railroads for Use as Railroad Diesel (PT-102.4)

Part 3 – Sales or use as railroad diesel

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.4
B	Part	2	Alpha Numeric	Constant - 3
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	
U	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel Taxable Sales or Use, Sales to Manufacturers for Use in Manufacturing, and Sales to Railroads for Use as Railroad Diesel (PT-102.4)

Part 4– Sales or use of B20 not reported on lines 8 through 37

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-102.4
B	Part	2	Alpha Numeric	Constant - 4
C	Date shipped	10	Date	MM/DD/CCYY format
D	Mode of delivery	2	Alphabetic	From mode of delivery table
E	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
F	Carrier's name	35	Alpha Numeric	
G	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
H	Purchaser's name	35	Alpha Numeric	
I	Origin TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns J-M as required.
J	Origin city	18	Alphabetic	Required if no origin TCN provided.
K	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
L	Origin zip	10	Alpha Numeric	Provide if available; not required.
M	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
N	Destination TCN	9	Alpha Numeric	From IRS directory . Provide TCN if applicable. If you do not have the TCN, provide address information in columns O-R as required.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Manifest number	20	Alpha Numeric	
T	Gallons	9	Numeric	

Residual Petroleum Product – Receipts and Sales (PT-103.1)

Part 1 – Receipts in New York State from sources outside this state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.1
B	Part	2	Alpha Numeric	Constant – 1
C	Date	10	Date	MM/DD/CCYY format
D	Seller's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Seller's name	35	Alpha Numeric	
F	Origin city	18	Alphabetic	
G	Origin state	2	Alphabetic	Required if origin city is located in the US or CA.
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Required if country is other than US or CA.
J	Gallons	9	Numeric	

Residual Petroleum Product – Receipts and Sales (PT-103.1)

Part 2 – Receipts in New York State from sources within this state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.1
B	Part	2	Alpha Numeric	Constant –2
C	Date	10	Date	MM/DD/CCYY format
D	Seller's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Seller's name	35	Alpha Numeric	
F	Origin city	18	Alphabetic	
G	Origin state	2	Alphabetic	Constant – NY.
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Not required
J	Gallons	9	Numeric	

Residual Petroleum Product – Receipts and Sales (PT-103.1)

Part 3 – Other receipts

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.1
B	Part	2	Alpha Numeric	Constant – 3
C	Date	10	Date	MM/DD/CCYY format
D	Seller's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Seller's name	35	Alpha Numeric	
F	Origin city	18	Alpha Numeric	
G	Origin state	2	Alphabetic	Required if origin city is located in the US or CA.
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Required if country is other than US or CA.
J	Gallons	9	Numeric	

Residual Petroleum Product – Receipts and Sales (PT-103.1)

Part 4– Sales to registered residual petroleum product businesses

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.1
B	Part	2	Alpha Numeric	Constant – 4
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alpha Numeric	
G	Destination state	2	Alphabetic	Required if destination city is located in the US or CA.
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Required if country is other than US or CA.
J	Gallons	9	Numeric	

Residual Petroleum Product – Receipts and Sales (PT-103.1)

Part 5 – Sales to the United States government, New York State and municipalities

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.1
B	Part	2	Alpha Numeric	Constant – 5
C	Date	10	Date	MM/DD/CCYY format
D	Name of governmental entity	35	Alpha Numeric	
E	Destination city	18	Alpha Numeric	
F	Destination state	2	Alphabetic	Constant – NY.
G	Destination zip	10	Alpha Numeric	Provide if available; not required.
H	Destination country	2	Alphabetic	Not required
I	Contract or approval number	20	Alpha Numeric	
J	Gallons	9	Numeric	

Residual Petroleum Product – Receipts and Sales (PT-103.1)

Part 6 – Sales to exempt organizations

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.1
B	Part	2	Alpha Numeric	Constant – 6
C	Date	10	Date	MM/DD/CCYY format
D	Exempt organization identification number	8	Alpha Numeric	Exempt organization identification number is 'EX' followed by the 6 digit number assigned by the NYS Department of Taxation and Finance
E	Name of exempt organization	35	Alpha Numeric	
F	Exempt organization's city	18	Alpha Numeric	
G	Exempt organization's state	2	Alphabetic	Constant – NY.
H	Exempt organization's zip	10	Alpha Numeric	Provide if available; not required.
I	Exempt organization's country	2	Alphabetic	Not required
J	Gallons	9	Numeric	

Residual Petroleum Product – Transfers Out of New York State and Sales in New York State for Immediate Export (PT-103.2)

Part 1 – Transfers out of New York State

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.2
B	Part	2	Alpha Numeric	Constant – 1
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alpha Numeric	
G	Destination state	2	Alphabetic	Required if destination city is located in the US or CA.
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Required if country is other than US or CA.
J	Gallons	9	Numeric	

Residual Petroleum Product – Transfers Out of New York State and Sales in New York State for Immediate Export (PT-103.2)

Part 2 – Sales in New York State for immediate export

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.2
B	Part	2	Alpha Numeric	Constant – 2
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
G	Carrier's name	35	Alpha Numeric	
H	Loading point	18	Alpha Numeric	
I	Export state	2	Alphabetic	
J	Gallons	9	Numeric	

Residual Petroleum Product – Sales as Bunker Fuel and Sales for Manufacturing or Farming Purposes (PT-103.3)

Part 1 – Sales or use as bunker fuel in vessels

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.3
B	Part	2	Alpha Numeric	Constant – 1
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Vessel identification number	20	Alpha Numeric	
G	Name of vessel	35	Alpha Numeric	
H	Gallons	9	Numeric	

Residual Petroleum Product – Sales as Bunker Fuel and Sales for Manufacturing or Farming Purposes (PT-103.3)

Part 2 – Sales or use in manufacturing

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.3
B	Part	2	Alpha Numeric	Constant – 2
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alpha Numeric	
G	Destination state	2	Alphabetic	Constant – NY
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Not required
J	Gallons	9	Numeric	

Residual Petroleum Product – Sales as Bunker Fuel and Sales for Manufacturing or Farming Purposes (PT-103.3)

Part 3 – Sales or use for farming

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-103.3
B	Part	2	Alpha Numeric	Constant – 3
C	Date	10	Date	MM/DD/CCYY format
D	EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alpha Numeric	
G	Destination state	2	Alphabetic	Constant – NY
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Not required
J	Gallons used in the production phase	9	Numeric	Only include gallons sold or used directly and exclusively in the production phase of farming. You must report gallons in column J or K, or both.
K	Other gallons	9	Numeric	Only include gallons sold or used in farm production or commercial horse boarding operations, but not directly and exclusively in the production phase (for example, gallons sold for use in administration, storage, or marketing). You must report gallons in column J or K, or both.

Kero-Jet Fuel Consumed in New York State by Aircraft (PT-104.1)

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-104.1
B	Type of aircraft	25	Alpha Numeric	
C	Number of flights taking off from within NYS	4	Numeric	Must be zero or greater.
D	Gallons of kero-jet fuel per departure	4	Numeric	
E	Gallons of kero-jet fuel consumed in NYS	9	Numeric	

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (PT-106.1)

Part 1 – Receipts of non-highway diesel motor fuel in New York State from sources outside this state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-106.1
B	Part	2	Alpha Numeric	Constant –1
C	Date	10	Date	MM/DD/CCYY format
D	Supplier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Supplier's name	35	Alpha Numeric	
F	Origin city	18	Alphabetic	
G	Origin state	2	Alphabetic	Required if origin city is located in the US or CA.
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Required if country is other than US or CA.
J	Gallons	9	Numeric	
K	Product code	3	Alpha Numeric	From PUB-902

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (PT-106.1)

Part 2 – Receipts of non-highway diesel motor fuel in New York State from sources within this state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-106.1
B	Part	2	Alpha Numeric	Constant –2
C	Date	10	Date	MM/DD/CCYY format
D	Supplier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Supplier's name	35	Alpha Numeric	
F	Origin city	18	Alphabetic	
G	Origin state	2	Alphabetic	Constant – NY
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Not required
J	Gallons	9	Numeric	
K	Product code	3	Alpha Numeric	From PUB-902

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (PT-106.1)

Part 3 – Sales of non-highway diesel motor fuel to exempt organizations

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-106.1
B	Part	2	Alpha Numeric	Constant –3
C	Date	10	Date	MM/DD/CCYY format
D	Name of exempt organization	35	Alpha Numeric	
E	Exempt organization's city	18	Alphabetic	
F	Exempt organization's state	2	Alphabetic	Constant – NY
G	Exempt organization's zip	10	Alpha Numeric	Provide if available; not required.
H	Exempt organization's country	2	Alphabetic	Not required
I	Exempt organization identification number	8	Alpha Numeric	Exempt organization identification number is 'EX' followed by the 6 digit number assigned by the NYS Department of Taxation and Finance
J	Gallons	9	Numeric	

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (PT-106.1)

Part 4 – Sales of non-highway diesel motor fuel to manufacturers for use in manufacturing

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-106.1
B	Part	2	Alpha Numeric	Constant –4
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alphabetic	
G	Destination state	2	Alphabetic	Constant – NY
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Not required
J	Gallons	9	Numeric	

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (PT-106.1)

Part 5 – Sales of non-highway diesel motor fuel to New York State, its municipalities or to the United States government

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-106.1
B	Part	2	Alpha Numeric	Constant –5
C	Date	10	Date	MM/DD/CCYY format
D	Name of governmental entity	35	Alpha Numeric	
E	Destination city	18	Alphabetic	
F	Destination state	2	Alphabetic	Constant – NY
G	Destination zip	10	Alpha Numeric	Provide if available; not required.
H	Destination country	2	Alphabetic	Not required
I	Contract or approval number	20	Alpha Numeric	
J	Gallons	9	Numeric	

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (PT-106.1)

Part 6 – Sales of railroad diesel

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-106.1
B	Part	2	Alpha Numeric	Constant –6
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alphabetic	
G	Destination state	2	Alphabetic	Constant – NY
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Not required
J	Gallons	9	Numeric	
K	Product code	3	Alpha Numeric	From PUB-902

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (PT-106.1)

Part 7 – Sales or use of non-highway diesel motor fuel for farming

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-106.1
B	Part	2	Alpha Numeric	Constant –7
C	Date	10	Date	MM/DD/CCYY format
D	Purchase's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alphabetic	
G	Destination state	2	Alphabetic	Constant – NY
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Not required
J	Gallons used in the production phase	9	Numeric	Only include gallons sold or used directly and exclusively in the production phase of farming. You must report gallons in column J or K, or both.
K	Other gallons	9	Numeric	Only include gallons sold or used in farm production or commercial horse boarding operations, but not directly and exclusively in the production phase (for example, gallons sold for use in administration, storage, or marketing). You must report gallons in column J or K, or both.
L	Product code	3	Alpha Numeric	From PUB-902

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (201.1)

Part 1-Receipts from sources located outside New York State

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-201.1
B	Part	2	Alpha Numeric	Constant –1
C	Date	10	Date	MM/DD/CCYY format
D	Supplier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Supplier's name	35	Alpha Numeric	
F	Origin city	18	Alphabetic	
G	Origin State	2	Alphabetic	Required if origin city is located in the US or CA.
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Required if country is other than US or CA.
J	Gallons	9	Numeric	
K	Product code	3	Alpha Numeric	From PUB-902

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (201.1)

Part 2 – Receipts of non-highway diesel motor fuel in New York State from sources within this state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-201.1
B	Part	2	Alpha Numeric	Constant –2
C	Date	10	Date	MM/DD/CCYY format
D	Supplier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Supplier's name	35	Alpha Numeric	
F	Origin city	18	Alphabetic	
G	Origin state	2	Alphabetic	Constant – NY
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Not required
J	Gallons	9	Numeric	
K	Product code	3	Alpha Numeric	From PUB-902

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (201.1)

Part 3 – Sales of non-highway diesel motor fuel to exempt organizations

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-201.1
B	Part	2	Alpha Numeric	Constant –3
C	Date	10	Date	MM/DD/CCYY format
D	Name of exempt organization	35	Alpha Numeric	
E	Exempt organization's city	18	Alphabetic	
F	Exempt organization's state	2	Alphabetic	Constant – NY
G	Exempt organization's zip	10	Alpha Numeric	Provide if available; not required.
H	Exempt organization's country	2	Alphabetic	Not required
I	Exempt organization identification number	8	Alpha Numeric	Exempt organization identification number is 'EX' followed by the 6 digit number assigned by the NYS Department of Taxation and Finance
J	Gallons	9	Numeric	

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (201.1)

Part 4 – Sales of non-highway diesel motor fuel to manufacturers for use in manufacturing

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-201.1
B	Part	2	Alpha Numeric	Constant –4
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alphabetic	
G	Destination state	2	Alphabetic	Constant – NY
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Not required
J	Gallons	9	Numeric	

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (201.1)

Part 5 – Sales of non-highway diesel motor fuel to New York State, its municipalities or to the United States government

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-201.1
B	Part	2	Alpha Numeric	Constant –5
C	Date	10	Date	MM/DD/CCYY format
D	Name of governmental entity	35	Alpha Numeric	
E	Destination city	18	Alphabetic	
F	Destination state	2	Alphabetic	Constant – NY
G	Destination zip	10	Alpha Numeric	Provide if available; not required.
H	Destination country	2	Alphabetic	Not required
I	Contract or approval number	20	Alpha Numeric	
J	Gallons	9	Numeric	

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (201.1)

Part 6 – Sales of railroad diesel

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-201.1
B	Part	2	Alpha Numeric	Constant –6
C	Date	10	Date	MM/DD/CCYY format
D	Purchaser's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alphabetic	
G	Destination state	2	Alphabetic	Constant – NY
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Not required
J	Gallons	9	Numeric	
K	Product code	3	Alpha Numeric	From PUB-902

Retailers of Non-Highway Diesel Motor Fuel Only – Receipts and Sales (201.1)

Part 7 – Sales or use of non-highway diesel motor fuel for farming

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –PT-201.1
B	Part	2	Alpha Numeric	Constant –7
C	Date	10	Date	MM/DD/CCYY format
D	Purchase's EIN	11	Alpha Numeric	Must be between 9 and 11 characters
E	Purchaser's name	35	Alpha Numeric	
F	Destination city	18	Alphabetic	
G	Destination state	2	Alphabetic	Constant – NY
H	Destination zip	10	Alpha Numeric	Provide if available; not required.
I	Destination country	2	Alphabetic	Not required
J	Gallons used in the production phase	9	Numeric	Only include gallons sold or used directly and exclusively in the production phase of farming. You must report gallons in column J or K, or both.
K	Other gallons	9	Numeric	Only include gallons sold or used in farm production or commercial horse boarding operations, but not directly and exclusively in the production phase (for example, gallons sold for use in administration, storage, or marketing). You must report gallons in column J or K, or both.
L	Product code	3	Alpha Numeric	From PUB-902

Kero-Jet Fuel Consumed in New York State By Aircraft (202.1)

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant -PT-202.1
B	Type of aircraft	25	Alpha Numeric	
C	Number of flights taking off from within NYS	4	Numeric	Must be zero or greater.
D	Gallons of kero-jet fuel per departure	4	Numeric	
E	Gallons of kero-jet fuel consumed in NYS	9	Numeric	

Terminal Operator's Individual Account Reconciliation (FT-941.1)

Part 1 – Reconciliation for each type of fuel

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –FT-941.1
B	Part	2	Alpha Numeric	Constant – 1
C	Account EIN	11	Alpha Numeric	Must be between 9 and 11 characters
D	Account name	35	Alpha Numeric	
E	Account street address	35	Alpha Numeric	
F	Account city	18	Alphabetic	
G	Account state	2	Alphabetic	
H	Account zip	10	Alpha Numeric	
I	Kerosene opening inventory*	9	Numeric	
J	Kerosene adjustments*	9	Numeric	Enter any loss as a negative. (Example: -10,000).
K	Non-highway diesel motor fuel opening inventory*	9	Numeric	
L	Non-highway diesel motor fuel adjustments*	9	Numeric	Enter any loss as a negative. (Example: -10,000).
M	Highway diesel motor fuel opening inventory*	9	Numeric	
N	Highway diesel motor fuel adjustments*	9	Numeric	Enter any loss as a negative. (Example: -10,000).
O	Gasoline opening inventory*	9	Numeric	
P	Gasoline adjustments*	9	Numeric	Enter any loss as a negative. (Example: -10,000).
Q	Other fuel opening inventory*	9	Numeric	
R	Other fuel adjustments*	9	Numeric	Enter any loss as a negative. (Example: -10,000).

*Note: For Schedule FT-941.1 Part 1, you must classify each product code into the appropriate fuel type category for your upload. The tables below indicate which products codes should be included for each fuel type.

Motor fuel	
Product code	Product name
090	Additive miscellaneous
123	Alcohol
125	Aviation gasoline
248	Benzene
122	Blending components
055	Butane, including butane propane

Non-highway diesel motor fuel	
Product code	Product name
171	Biodiesel--dyed
228	Diesel fuel -- dyed
153	Diesel fuel #4 -- dyed
226	Diesel fuel (high sulfur dyed) (includes #2 heating oil)
227	Diesel fuel (low sulfur dyed)
314	Diesel fuel (ultra low sulfur diesel dyed)

	mix
198	Butylene
224	Compressed natural gas (CNG)
301	Conventional blendstock for oxygenated blending (CBOB)
249	ETBE
052	Ethane
E00 - E99	Ethanol mixture
196	Ethylene
065	Gasoline
071	Gasoline MTBE
259	Hydrogen
058	Isobutane
225	Liquid natural gas (LNG)
265	Methane
M00 - M99	Methanol mixture
093	MTBE
126	Naptha
061	Natural gasoline
059	Pentanes, including isopentanes
054	Propane (LPG)
075	Propylene
223	Raffinates
302	Reformulated blendstock for oxygenated blending (RBOB)
121	TAME
199	Toluene
091	Waste oil
076	Xylene

D00-D99	Dyed biodiesel mixture
152	Heating oil
231	No 1 diesel – dyed

Highway diesel motor fuel	
Product code	Product name
170	Biodiesel -- undyed
B00 - B99	Biodiesel mixture - undyed
160	Diesel fuel -- undyed
313	Diesel fuel (ultra low sulfur diesel undyed)
282	Diesel fuel #1 (high sulfur undyed)
161	Diesel fuel #1 (low sulfur undyed)
283	Diesel fuel #2 (high sulfur undyed)
167	Diesel fuel #2 (low sulfur undyed)
154	Diesel fuel #4 -- undyed
279	Marine diesel oil
280	Marine gas oil
281	Mineral oils
150	No 1 fuel oil -- undyed
960	Organic oils
285	Soy oil

Kero-jet fuel	
Product code	Product name
130	Jet fuel
072	Kerosene -- dyed
142	Kerosene -- undyed
074	Kerosene (high sulfur dyed)
147	Kerosene (high sulfur undyed)
073	Kerosene (low sulfur dyed)
145	Kerosene (low sulfur undyed)

Other fuel	
Product code	Product name
188	Asphalt
049	Condensate (not crude)
001	Crude oil
077	Excluded liquid (mineral oil)
175	Residual fuel oil
100	Transmix
092	Undefined products

Terminal Operator's Individual Account Reconciliation (FT-941.1)

Part 2 – Summary of receipts

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –FT-941.1
B	Part	2	Alpha Numeric	Constant – 2
C	Account EIN	11	Alpha Numeric	Must be between 9 and 11 characters
D	Account name	35	Alpha Numeric	
E	Account street address	35	Alphabetic	Provide if available; not required.
F	Account city	18	Alphabetic	Provide if available; not required.
G	Account state	2	Alpha Numeric	Provide if available; not required.
H	Account zip	10	Alpha Numeric	Provide if available; not required.
I	Date of delivery	10	Alpha Numeric	MM/DD/CCYY format
J	Number of loads	1	Numeric	Constant -1 Do not use a single combined entry for multiple transactions. You must provide detailed transaction information for all receipts.
K	Mode of delivery	2	Alphabetic	From mode of delivery table
L	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters. For book adjustments and stock transfers, enter the seller's information.
M	Carrier's name	35	Alpha Numeric	For book adjustments and stock transfers, enter the seller's information.
N	Product code	3	Alpha Numeric	From PUB-902
O	Gallons	9	Numeric	

Terminal Operator's Individual Account Reconciliation (FT-941.1)

Part 3 – Summary of withdrawals

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –FT-941.1
B	Part	2	Alpha Numeric	Constant – 3
C	Account EIN	11	Alpha Numeric	Must be between 9 and 11 characters
D	Account name	35	Alpha Numeric	
E	Account street address	35	Alphabetic	Provide if available; not required.
F	Account city	18	Alphabetic	Provide if available; not required.
G	Account state	2	Alpha Numeric	Provide if available; not required.
H	Account zip	10	Alpha Numeric	Provide if available; not required.
I	Date of withdrawal	10	Alpha Numeric	MM/DD/CCYY format
J	Number of loads	1	Numeric	Constant -1 Do not use a single combined entry for multiple transactions. You must provide detailed transaction information for all withdrawals.
K	Mode of withdrawal	2	Alphabetic	From mode of delivery table
L	Carrier's EIN	11	Alpha Numeric	Must be between 9 and 11 characters. For book adjustments and stock transfers, enter the seller's information.
M	Carrier's name	35	Alpha Numeric	For book adjustments and stock transfers, enter the seller's information.
N	Product code	3	Alpha Numeric	From PUB-902
O	Gallons	9	Numeric	

Diesel Motor Fuel and Motor Fuel Transporter's Monthly Report (FT-942)

Part 1 – Import – Transportation of fuel from a point outside New York State to a point within the state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –FT-942
B	Part	2	Alpha Numeric	Constant – 1
C	Date delivered	10	Date	MM/DD/CCYY format
D	Origin TCN	9	Alpha Numeric	From IRS directory . If the product was loaded at a terminal registered with the IRS, you must enter the IRS terminal control number assigned to that terminal. Provide TCN if applicable. If you do not have the TCN, provide name and address information in columns E-I as required.
E	Origin name	35	Alpha Numeric	Required if no origin TCN provided. For off-shore lightering transactions, enter the id number and name of the vessel from which the fuel was loaded.
F	Origin city	18	Alphabetic	Required if no origin TCN provided.
G	Origin state	2	Alphabetic	Required if no origin TCN provided and origin city is located in the US or CA.
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Required if no origin TCN provided and country is other than US or CA.
J	EIN of the importer	11	Alpha Numeric	Must be between 9 and 11 characters
K	Name of importer	35	Alpha Numeric	
L	Destination TCN	9	Alpha Numeric	From IRS directory . If the product was delivered to a terminal registered with the IRS, you must enter the IRS terminal control number assigned to that terminal. Provide TCN if applicable. If you do not have the TCN, provide name, EIN and address information in columns M-P as required.
M	Destination EIN	11	Alpha Numeric	If the product was delivered to a location that is not a terminal or vessel, you must enter the EIN for that location. Must be between 9 and 11 characters.
N	Destination name	35	Alpha Numeric	Required if no origin TCN provided. For off-shore lightering transactions, enter the id number and name of the vessel onto which the fuel was off-loaded.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.

P	Destination state	2	Alphabetic	Required if no destination TCN provided. Constant – NY
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Not required
S	Mode of delivery	2	Alphabetic	From mode of delivery table
T	Manifest number	20	Alpha Numeric	
U	Gallons	9	Numeric	
V	Product code	3	Alpha Numeric	From PUB-902

Diesel Motor Fuel and Motor Fuel Transporter’s Monthly Report (FT-942)

Part 2 – Exports – Transportation of fuel from a point inside New York State to a point outside the state

Column	Element Name	Max Length	Field Type	Comments
A	Schedule	8	Alpha Numeric	Constant –FT-942
B	Part	2	Alpha Numeric	Constant – 2
C	Date shipped	10	Date	MM/DD/CCYY format
D	Origin TCN	9	Alpha Numeric	From IRS directory . If the product was loaded at a terminal registered with the IRS, you must enter the IRS terminal control number assigned to that terminal. Provide TCN if applicable. If you do not have the TCN, provide name and address information in columns E-I as required.
E	Origin name	35	Alpha Numeric	Required if no origin TCN provided.
F	Origin city	18	Alphabetic	Required if no origin TCN provided.
G	Origin state	2	Alphabetic	Required if no origin TCN provided. Constant – NY
H	Origin zip	10	Alpha Numeric	Provide if available; not required.
I	Origin country	2	Alphabetic	Not required
J	EIN of the exporter	11	Alpha Numeric	Must be between 9 and 11 characters
K	Name of exporter	35	Alpha Numeric	
L	Destination TCN	9	Alpha Numeric	From IRS directory . If the product was delivered to a terminal registered with the IRS, you must enter the IRS terminal control number assigned to that terminal. Provide TCN if applicable. If you do not have the TCN, provide name, EIN and address information in columns M-P as required.
M	Destination EIN	11	Alpha Numeric	If the product was delivered to a location that is not a terminal, you must enter the EIN for that location. Must be between 9 and 11 characters.
N	Destination name	35	Alpha Numeric	Required if no destination TCN

				provided.
O	Destination city	18	Alphabetic	Required if no destination TCN provided.
P	Destination state	2	Alphabetic	Required if no destination TCN provided and destination city is located in the US or CA.
Q	Destination zip	10	Alpha Numeric	Provide if available; not required.
R	Destination country	2	Alphabetic	Required if no destination TCN provided and country is other than US or CA.
S	Mode of delivery	2	Alphabetic	From mode of delivery table
T	Manifest number	20	Alpha Numeric	
U	Gallons	9	Numeric	
V	Product code	3	Alpha Numeric	From PUB-902

PT-350 – Petroleum Business Tax Return for Fuel Consumption – Commercial Vessels

You will not upload any information when you file Form PT-350. Instead, you will be asked to enter the return data on the Web File application screens.