



Receipts of Motor Fuel at Marketing Locations in New York State

Read instructions (Form PT-101-I) carefully. Keep a copy of this completed form for your records.

Name of distributor	Employer identification number or social security number	Month/year
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Part I — Receipts at Marketing Locations in this State from Sources *Outside* this State

Date received	Mode of delivery	Transporter's name and employer identification number	Seller's name and employer identification number	City and state of:		Column A	Column B
				Shipment point	Delivery point	Gallons purchased on which the tax has been passed through to you	All other gallons

Total Column A gallons (enter here and on Form PT-101, line 26)		
Total Column B gallons		
Total gallons (add Columns A and B; enter here and on Form PT-101, line 2, Columns 1 and 2)		

Name of distributor	Employer identification number or social security number	Month/year
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Part II — Receipts at Marketing Locations in this State from Sources *Within* this State

Date received	Mode of delivery	Transporter's name and employer identification number	Seller's name and employer identification number	City and state of:		Column A	Column B
				Shipment point	Delivery point	Gallons purchased on which the tax has been passed through to you	All other gallons

Total Column A gallons (<i>enter here and on Form PT-101, line 26</i>)		
Total Column B gallons		
Total gallons (<i>add Columns A and B; enter here and on Form PT-101, line 3, Columns 1 and 2</i>)		