

Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

0624 For office use only

		m to report transactions for the mon	th of June	2024. This return	must be filed	d by July 22, 2024				
Employer identification number (EIN) Business telephone number () Mandate to use Petrol Business Tax Web File						File - Most				
Legal name filers fall under this requirer (see instructions).										
DBA Change of business inform You can update your address and attached to be a single of the single										
Street and other business inform by visiting our website. So City, state, ZIP code Change of business inform										
Read Form PT-100-I, <i>Instructions for Form PT-100</i> , carefully. Keep a copy of this completed form for your i										
						· · · · · · · · · · · · · · · · · · ·			umant analogad	
Payment – Attach your check or money order payable in U.S. funds to: Commissioner of Taxation and Finan Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197								9. Fa	yment enclosed	
Тур	e of file	er – Mark an X in all boxes that apply	. You must	submit the appro	priate attachi	ments for each box	marked.		Totals	
1		otor fuel (registered as a distribute om Form PT-101, line 29)					1			
2		iesel motor fuel (registered as a port Form PT-102, line 48)					2			
3	Residuals (registered as a residual petroleum product business) (from Form PT-103, line 27)									
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)										
		, ,		,						
5	■ El	ectric corporations (from For	m PT-105,	line 3)			5	()
6		etailers of non-highway di								
	die	esel motor fuel only) (from Form PT-10	3, line 28) .				6			
7	Subtot	tal of tax due (add lines 1 through 6)					7			
8	Credits	s from prior month's return					8			
	Tax due after credits (subtract line 8 from line 7)									
10	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)									
		Balance due (add lines 9 and 10; if an overpayment, enter 0 and enter the overpayment amount on line 17 below)								-
12	Current period electronic funds transfer or certified check payment already made (mark appropriate box)									
	- based on actual tax due for the period June 1 through June 22, 2024									
	or			. (4.0	L		
40		based on last year's compara								-
		alance due (subtract line 12 from line								-
		ties (see instructions)						_		+
		st (see instructions)amount due (add lines 13, 14, and 15								
		ayment (see line 11)					10			
	-	nt to be credited to next month's r								
		nt to be refunded (see instructions)								
		sales tax exempt organization and not				businesses (see insti	ructions).			
	My exe	emption number is			·	•	•			
l ce	rtify tha	at this business is duly licensed or	registered	to deal in each	of the produc	ts that are being r	eported a	and tha	at this return,	
incl	uding a	ny accompanying riders, is to the	best of my	knowledge and	belief true, o	correct, and compl	ete.			
_	uthoriz	Signature of authorized person			Officia	al title				
	persor								Date	
	,	1								
	Paid	Firm's name (or yours if self-employed)			Fi	irm's EIN	, F	reparer'	's PTIN or SSN	, ,]
-	eparer use	Signature of individual preparing this retur	n	Address		City		S	itate ZIP code	
	use only	Empil address of individual preparity this	roturn		D	pror'o NVTDDIN	NVTDDI		Data	
	e instr.)	Email address of individual preparing this	eturn		Prepa	arer's NYTPRIN	NYTPRII excl. code		Date	
		I					,			