

NEW YORK STATE PT-100 (12/24) Department of Taxation and Finance Petroleum Business Tax Return Tax Law – Articles 12-A and 13-A

| Use | this form to report transactions for the month of Dece | mber 2024 This return mu | st be filed by January 21 | 025 | - | | |
|--|--|--------------------------------|----------------------------------|----------|------------|-------------|--|
| Use this form to report transactions for the month of December 2024. This return must be filed by January 21, 2 Employer identification number (EIN) Business telephone number () Business Tax Web File – N Businest File – N Busi | | | | | | | |
| Legal name filers fail under this requirem (see instructions). | | | | | | | |
| DBA Change of business inform You can update your addre | | | | | | | |
| Street and other business information and other business and other business and other business and business | | | | | | | |
| by visiting our website. See City, state, ZIP code Change of business information Form PT-100-I. | | | | | | | |
| Rea | d Form PT-100-I, Instructions for Form PT-100, care | efully. Keep a copy of this | completed form for your r | ecord | ls. | | |
| Pay | /ment – Attach your check or money order payable ir Mail to: NYS TAX DEPARTMENT, PO BO | | | ance. | Paymer | nt enclosed | |
| Тур | e of filer – Mark an X in all boxes that apply. You must | submit the appropriate atta | chments for each box mark | ed. | | Totals | |
| 1 | 1 Motor fuel (registered as a distributor of motor fuel or as a liquefied petroleum gas fuel permittee) (from Form PT-101, line 29) | | | | | | |
| 2 | Diesel motor fuel (registered as a distributor (from Form PT-102, line 48) | of diesel motor fuel) | | 2 | | | |
| 3 | Residuals (registered as a residual petroleum pr (from Form PT-103, line 27) | roduct business) | | 3 | | | |
| 4 | Tax on kero-jet fuel (registered as a distribu | | | | | | |
| | or as an aviation fuel business) (from Form PT-104, I | | | 4 | | | |
| | | | | | | | |
| 5 | Electric corporations (from Form PT-105, I | ine 3) | | 5 | (| | |
| 6 | Retailers of non-highway diesel mot | or fuel only (registered | l 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 | Credits from prior month's return | | | 8 | | | |
| 9 | Tax due after credits (subtract line 8 from line 7) | | | 9 | | | |
| 10 | Refund/reimbursement from Form PT-100-B (attach Form PT-100-B) | | | | | | |
| 11 | 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) | | | | | | |
| | A - based on actual tax due for the period I | December 1 through Dece | ember 22, 2024 | | | | |
| | or | | | | | | |
| | E - based on last year's comparable period | | | | | | |
| | Net balance due (subtract line 12 from line 11) | | | 13 14 | | | |
| | 4 Penalties (see instructions) | | | | | | |
| | Interest (see instructions) | | | 15 | | | |
| | Total amount due (add lines 13, 14, and 15) | | | 16 | | | |
| | Overpayment (see line 11) | | | - | | | |
| | Amount to be credited to next month's return | | | - | | | |
| 19 | Amount to be refunded (see instructions) | | | | | | |
| | I am a sales tax exempt organization and not subject to the My exemption number is | ne Article 13-A tax on petrole | um businesses (see instruction | s). | | | |
| l ce | rtify that this business is duly licensed or registered | to deal in each of the proc | ducts that are being report | ed a | nd that th | nis return. | |

| including any accompanying rules, is to the best of my knowledge and belief true, correct, and complete. | | | | | | | | | | |
|--|---|---------|--------------------|------------|------------------|--|--|--|--|--|
| | Signature of authorized person | | Official title | | | | | | | |
| Authoriz | ed | | | | | | | | | |
| person | Email address of authorized person | | | | Date | | | | | |
| | | | | | | | | | | |
| Paid | Firm's name (or yours if self-employed) | | Firm's EIN Prepa | | er's PTIN or SSN | | | | | |
| preparer | | | | | | | | | | |
| use | Signature of individual preparing this return | Address | City | Sta | State ZIP code | | | | | |
| only | | | | | | | | | | |
| (see instr.) | Email address of individual preparing this return | | Preparer's NYTPRIN | NYTPRIN | Date | | | | | |
| | | | | excl. code | | | | | | |
| | | | | | | | | | | |

