

Department of Taxation and Finance

## Petroleum Business Tax Return for Fuel Consumption – Commercial Vessels

	Tax Law – Article 13-A								
F				or the month of, 2024					
			N or SSN						
DBA (if different from legal name)			Business telephone						
			( )						
Stre	eet address (number and street)								
City				ZIP c	odo				
City		State		211 0	oue				
	tach your check or money order payable in U.S. funds to: <b>Comm</b>						<b>-</b> •		
	ter the amount of your remittance here (from line 17 below)		·····	Α		В	\$	С	
				Motor fuel		Diesel motor	fuel	Totals	
1	Total working days in New York State (NYS) territorial waters (see instr.	.) 1							
	Total working days everywhere					•			
	Working days ratio (divide line 1 by line 2; round to nearest .0001)								
	Total gallons of fuel used everywhere								
5	Gallons used in NYS (multiply line 3 by line 4)	5							
6	Tax rate (see instructions)	6		0.1	73	0.	1555		
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	\$			\$		\$	
	Tax due/overpayment (subtract line 11 from line 7)							\$	
13	Credit available from prior returns (attach copies)	13	-					\$	
14	Tax due/overpayment after credits (subtract line 13 from line 12; if								
	line 12 is an overpayment, add lines 12 and 13 and enter on line 18 below	′ <del></del>	-					\$	
	Penalty (see instructions)		-					\$	
	Interest (see instructions)		-					\$	+
	Total amount due (add lines 14, 15, and 16)		-					\$	+
	Refund/credit amount (if line 14 is an overpayment, enter that amount)		-					\$	
	Amount to be credited to the next filed return		-					\$	_
	Amount to be refunded (subtract line 19 from line 18)	20				Ir	ociano	\$ e's phone number	
Third – party Yes No Designee's name (print)							esigne	)	
designee (see instructions) Designee's email address								PIN	
	tification: I certify that all information provided on the return is true return. I make these statements with the knowledge that willfully provided to the control of the	ovidin	ıg fa	lse or fraudule	nt in	formation with th	nis doc	ument may cons	

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 title		
person	Email address of authorized person				Date
Paid	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's	PTIN or SSN
preparer					
use	Signature of individual preparing this return	Address	City	Sta	te ZIP code
only (see instr.)	Email address of individual preparing this return	Preparer's NYTPRIN	NYTPRIN excl. code	Date	

See instructions for where to file.

