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

0125 For office use only

-		m to report transactions for the month of Jan					_		
Employer identification number (EIN)  Business telephone number ( )  Legal name  Business telephone number ( )  Business Tax Web File – filers fall under this require									
(see instructions).									
DBA Change of business inform							1-		
Street You can update your addred and other business informate by visiting our website. See									
City, state, ZIP code  Change of business inform Form PT-100-I.									
		PT-100-I, Instructions for Form PT-100, ca							
Payment – Attach your check or money order payable in U.S. funds to: Commissioner of Taxation and Finance.  Mail to: NYS TAX DEPARTMENT, PO BOX 15197, ALBANY NY 12212-5197								ment enclosed	
Type of filer – Mark an X in all boxes that apply. You must submit the appropriate attachments for each box market								Totals	٦
1		otor fuel (registered as a distributor of moto on Form PT-101, line 29)			,	1			_
2	2 Diesel motor fuel (registered as a distributor of diesel motor fuel)								_
	(from Form PT-102, line 48)								
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,						3			_
or as an aviation fuel business) (from Form PT-104, line 17)						4			
		, ·	,						_
5	■ Ele	ectric corporations (from Form PT-105	i, line 3)			5	(		)
6	6 Retailers of non-highway diesel motor fuel only (registered as a retailer of non-highway								_
	diesel motor fuel only) (from Form PT-106, line 28)								
7	7 Subtotal of tax due (add lines 1 through 6)								
8	3 Credits from prior month's return								
9	Tax due after credits (subtract line 8 from line 7)								
10	Refund/reimbursement from Form PT-100-B (attach Form PT-100-B)								
11	(··· · · · · · · · · · · · · · · · · ·								_
12	2 Current period electronic funds transfer or certified check payment already made (mark appropriate box)								
A   based on actual tax due for the period January 1 through January 22, 2025									
Or							L		
40	E based on last year's comparable period (January 2024)						<u> </u>		_
	Net balance due (subtract line 12 from line 11)  Penalties (see instructions)								_
		,							_
		st (see instructions) mount due (add lines 13, 14, and 15)					_		_
	_	ayment (see line 11)		17		10			
		nt to be <b>credited</b> to next month's return							
		nt to be <b>refunded</b> (see instructions)		19					
_		sales tax exempt organization and not subject to		oleum businesse	s (see instruct	ions).			_
		mption number is			•				
l ce	rtify tha	t this business is duly licensed or registere	d to deal in each of the p	roducts that ar	e being rep	orted a	nd that	this return,	_
		ny accompanying riders, is to the best of m							
Signature of authorized person Official title									٦
Authoriz person							Date	-	
		Email address of authorized person							
Paid Firm's name (or yours if self-employed) Firm's EIN							eparer's	PTIN or SSN	٦
	eparer	Signature of individual preparing this return	Address		City		Sta	ite ZIP code	$\dashv$
1	use only			D	DINI T.	VTDDIII		D-4-	4
	e instr.)	Email address of individual preparing this return		Preparer's NYTP		YTPRIN xcl. code		Date	