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

			report transactions for the month of <b>Febr</b>								
Employer identification number (EIN)  Business telephone number ( )  Business telephone number ( Business Tax Web File - filers fall under this require							ile – Most				
Legal name filers fall under this require (see instructions).								quirernent			
DB	A						business i		on –		
Str	eet						pdate your business in				
Street and other business inforr by visiting our website. S								e. See			
City, state, ZIP code  Change of business inform Form PT-100-I.								nformatio	<i>n</i> in		
Rea	Read Form PT-100-I, <i>Instructions for Form PT-100</i> , carefully. Keep a copy of this completed form for your reco										
Pa	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									Payment enclosed	
Тур	Type of filer – Mark an $X$ in all boxes that apply. You must submit the appropriate attachments for each box marke									Totals	
1			r fuel (registered as a distributor of motor or PT-101, line 29)					1			
2	Diesel motor fuel (registered as a distributor of diesel motor fuel)								T		
_	(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, or as an aviation fuel business) (from Form PT-104, line 17)										
	01 6	as ai	raviation fuel business) (nom romm 1-104,	IIIC 11/				4			
5	<b>■</b> Ele	ect	ric corporations (from Form PT-105,	line 3)				5	(		)
6	6 Retailers of non-highway diesel motor fuel only (registered as a retailer of non-highway							nway			
			notor fuel only) (from Form PT-106, line 28) .				_	- 1			
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)							10			
11		Balance due (add lines 9 and 10; if an overpayment, enter <b>0</b> and enter the overpayment amount on line 17 below)									
12	Current period electronic funds transfer or certified check payment already made (mark appropriate box							box)			
	- based on actual tax due for the period February 1 through February 22, 2025										
or											
	E based on last year's comparable period (February 2024)										
	Net balance due (subtract line 12 from line 11)										
		,	(see instructions)								
		•	ee instructions)								
			Int due (add lines 13, 14, and 15)				·····	16			
		This line intentionally left blank				•					
			tax exempt organization and not subject to		_	businesse	s (see instri	ıctions)			
			on number is				(-30001				
Lce	rtify tha	t this	s business is duly licensed or registered	to deal in each of the r	rodu	cts that are	e beina re	eported	and th	hat this return.	
			ccompanying riders, is to the best of my							, ,	
			Signature of authorized person			al title	•				
Authoriz person			Email address of authorized person						Date		
	Person	_	Email address of addressed person							Date	
	Paid	Firn	's name (or yours if self-employed)	<del></del>	F	irm's EIN			repare	er's PTIN or SSN	$\overline{}$
preparer use		Sigr	nature of individual preparing this return	Address			City			State ZIP code	+++
	only	Fm	ail address of individual preparing this return	L	Pren	arer's NYTPI	RIN	NYTPRI	N	Date	$\longrightarrow$
(see instr.)		and a second of marriadal proparing the rotati					<b>,</b>	excl. cod		Date	