



Department of Taxation and Finance

Petroleum Business Tax Return for Fuel Consumption – Commercial Vessels

	Tax Law – Article 13-A								
		For th	e m	onth of		2025			
			or SSN						
DBA (if different from legal name)				Business telephone					
<u> </u>			\Box	()					
Stre	eet address (number and street)								
City State			—	ZIP code	Δ				
Ony State				554					
Att	each your check or money order payable in U.S. funds to: Comn	nissio	ne	r of Taxation ar	nd Financ	e.			
	ter the amount of your remittance here (from line 17 below)						\$		
				Α		В		С	
				Motor fuel	Diese	I motor	fuel	Totals	
_	The state of the s								
	Total working days in New York State (NYS) territorial waters (see instr.		▙						
	Total working days everywhere		ᆫ						
	Working days ratio (divide line 1 by line 2; round to nearest .0001)		_		_				
	Total gallons of fuel used everywhere		느						
			\vdash	0.16	5	0	.1475		
	Tax rate (see instructions)		\$	0.10		0.	1473	\$	
	Tax (multiply line 5 by the rate on line 6; enter total in column C) This line intentionally left blank		Φ		\$			Φ	
	This line intentionally left blank								
	Gallons of fuel purchased in NYS with the taxes included	10						1	
	NYS tax paid on fuel purchases (multiply line 10 by the	10	⊢				\dashv		
•••	rate of tax paid; enter total in column C) (see instructions)	11	\$		\$			\$	
12	Tax due/overpayment (subtract line 11 from line 7)		Ψ		Ψ			\$	+-
	This line intentionally left blank	13					L	Ψ	
	Tax due/overpayment (enter amount from line 12; if line 12 is an								
	overpayment, also enter that amount on line 18 below)	14						\$	
15	Penalty (see instructions)	_						■\$	\top
16	Interest (see instructions)	16						\$	
17	Total amount due (add lines 14, 15, and 16)	17						\$	
	Refund (if line 14 is an overpayment, enter that amount)							\$	
19	This line intentionally left blank	19							
20	Amount to be refunded (enter amount from line 18)	20						\$	\top
Th	nird – party Yes No Designee's name (print)	esignee)	e's phone number						
(designee Designee's email address](<i>)</i>		
(see instructions)								PIN	
	tification: I certify that all information provided on the return is true								
nis	return. I make these statements with the knowledge that willfully pr	ovidin	g fa	ise or fraudulent	ınformatio	n with th	iis doc	ument may cons	stitute

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	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.

