

Department of Taxation and Finance

Petroleum Business Tax Return for Fuel Consumption – Commercial Vessels

	Tax Law – Article 13-A										
		For th	ne m	onth of:		, 2023					
Leg	al name EIN or SSN										
DD	A CE SIE CONTROL OF THE CONTROL OF T			Duainasa talanha							
DBA (if different from legal name)				Business telepho (ile						
Stre	eet address (number and street)			, ,							
City		State		ZIP c	ode.						
Oity		Otato		211 0	Juc						
	ach your check or money order payable in U.S. funds to: Comn						- ^				
⊨n	ter the amount of your remittance here (from line 17 below)		<u>.</u>	Δ		В	\$		С		닉
				Diesel motor	fuel	Totals					
4	Total wordsing days in New York Otata (NIVO) tamitarial waters (co. tata)					•					
	Total working days in New York State (NYS) territorial waters (see instr.	2	_		_						
	Total working days everywhere				\dashv						
	Total gallons of fuel used everywhere	4			\dashv	•					
	Gallons used in NYS (multiply line 3 by line 4)	5	┡		\dashv						
	Tax rate (see instructions)	6		0.1	81	0	1635				
	Tax (multiply line 5 by the rate on line 6; enter total in column C)		\$	0.1	$\overline{}$	\$	1000	\$			
	This line intentionally left blank	8	Ψ			Ψ		<u> </u>			
	This line intentionally left blank	9	1								
	Gallons of fuel purchased in NYS with the taxes included	10			\neg						
	NYS tax paid on fuel purchases (multiply line 10 by the	10			\neg					\top	
	rate of tax paid; enter total in column C) (see instructions)	11	\$			\$		\$			
12	Tax due/overpayment (subtract line 11 from line 7)	12		,				\$		\top	_
	Credit available from prior returns (attach copies)	13	1					\$			_
	Tax due/overpayment after credits (subtract line 13 from line 12; if		1							\top	_
	line 12 is an overpayment, add lines 12 and 13 and enter on line 18 below	14						\$			
15	Penalty (see instructions)	15						\$			
	Interest (see instructions)	16						\$			
17	Total amount due (add lines 14, 15, and 16)	17						\$			_
18	Refund/credit amount (if line 14 is an overpayment, enter that amount)	18						\$			
19	Amount to be credited to the next filed return	19						\$			
20	Amount to be refunded (subtract line 19 from line 18)	20						\$			
	Third – party Yes No Designee's name (print) Designee (Designee)								number		
	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 pro-										te

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.

