

# Quarterly Motor Fuel Inventory Report by Retail Service Stations

For the period December 1, 1986 thru February 28, 1987  
(due March 25, 1987)



Do not attach this report to your sales tax return or use it to report taxable sales or to remit sales tax due. This is an information report, not a sales tax return.

Use labeled form and return envelope for filing your return

If there have been any changes in your business' name, ID number, mailing address or business address, telephone number or owner/officer information, please complete Form DTF-95, *Change of Business Information*. If no form is enclosed, call 1-800-462-8100 (from out of state (518) 438-1073).

- This information report **must be filed quarterly by every retail vendor purchasing, selling or using motor fuel** (do not include diesel motor fuel or kero-jet fuel). This form should be used to report the requested information for all business locations for which you file sales tax returns under the sales tax identification number indicated above. You must file a separate report, Form FT-943, for each location having a separate sales tax identification number.
- **This inventory report must be used to account for motor fuel held at retail service stations and is to be filed in addition to any other inventory report required as a result of your other business activities.**
- Failure to file this report or willfully filing a false report is a misdemeanor.
- This report must be filed within 25 days of the end of the quarter covered by this report.

*Please read the instructions for each part before completing the form.*

## PART I — Business Description

Check the box(es) which describe(s) your **motor fuel** business. You may check more than one box.

1.  Service station operator
2.  Motor fuel wholesaler or jobber
3.  Registered distributor of motor fuel # M — \_\_\_\_\_

## PART II — Inventory Reconciliation (Report by type of fuel.)

For lines 1-5 add amounts in Columns A, B and C and enter totals in Column D.

**Line 1—** Indicate the retail service station inventory, by gallons and type of fuel, on hand at the beginning of the quarter being reported. The opening inventory should be the same as the previous quarter's closing inventory; attach an explanation if these figures do **not** correspond.

**Note:** Inventory held at locations other than retail service stations should **not** be included here, but reported on Form FT-945, *Report of Sales Tax Prepayment on Motor Fuel*.

**Line 2—** Enter by type the number of gallons of motor fuel purchased during the quarter or transferred from your non-retail marketing locations to your retail service stations (as reported on Form FT-945, Part I, Line 4).

**Line 3—** Add lines 1 and 2 to arrive at motor fuel available for sale.

**Line 4—** Enter by type the gallons of motor fuel sold or used during the quarter.

**Line 5—** Subtract line 4 from line 3. The amount entered on line 5 is your closing inventory for the quarter being reported and should also be your opening inventory for the next quarter.

|   | Column A<br>Leaded | Column B<br>Unleaded* | Column C<br>Premium** | Column D<br>Total<br><small>(Col. A + Col. B + Col. C)</small> |
|---|--------------------|-----------------------|-----------------------|--|
| 1. Opening Inventory of Motor Fuel . . . . .                              | gal.               | gal.                  | gal.                  | gal.   |
| 2. Additions to inventory<br><i>(see instruction above)</i> . . . . .     | gal.               | gal.                  | gal.                  | gal.   |
| 3. Motor Fuel Available for Sale<br><i>(line 1 plus line 2)</i> . . . . . | gal.               | gal.                  | gal.                  | gal.   |
| 4. Motor Fuel Sold or Used . . . . .                                      | gal.               | gal.                  | gal.                  | gal.   |
| 5. Closing Inventory <i>(line 3 less line 4)</i> . . . . .                | gal.               | gal.                  | gal.                  | gal.   |

\* Unleaded fuel includes kerosene compounds and propane.  
\*\* Premium fuel includes leaded and unleaded premium and aviation gasoline.

**PART III — Summary of Motor Fuel Purchases**

All filers, **except** those who are motor fuel distributors registered under Article 12-A, must complete this part.

Enter the information requested in Columns A through D for all motor fuel purchased during the quarter for sale or use within New York State.

**Column A—** Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on the Form FT-935, *Certification of Prepayment of Sales Tax and Payment of Motor Fuel Tax*, or other document given to you certifying that the taxes were paid. **List all** suppliers from whom you purchase motor fuel.

If you are a wholesaler, jobber, etc., and reported a transfer of motor fuel from your non-retail marketing locations to your retail service station in Part I of Form FT-945, *Report of Sales Tax Prepayment on Motor Fuel*, enter "self" in Column A and complete the information requested in Col. C and D for that fuel.

**Column B—** Enter the street and city address of each supplier listed in Column A.

**Column C—** Indicate the type of fuel purchased by entering "L" (leaded), "U" (unleaded) or "P" (premium).

**Column D—** Enter the total number of gallons for each type of fuel purchased during the quarter from that supplier.

Enter the information requested in Columns A through D for those purchases of motor fuel made in New York State.

| Col. A<br>Name and ID #<br>of Supplier | Col. B<br>Address of Supplier | Col. C<br>Type of<br>Fuel | Col. D<br>Total Gallons<br>Purchased |
|--|-------------------------------|---------------------------|--------------------------------------|
| (Name)<br>-----                        |                               |                           |                                      |
| (ID#)<br>-----                         |                               |                           |                                      |
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*Attach additional sheets if necessary to report all suppliers for the reporting period.*



**Number of locations —** Indicate the number of **retail** locations in New York State at which you make sales of motor fuel and which are covered by this report.

|   |           |      |
|---|-----------|------|
| Signature of Owner or Authorized Representative |           |      |
| Title   | Telephone | Date |
| Signature of Preparer (if other than vendor)    | Telephone | Date |

**Mail to: NYS Department of Taxation and Finance  
INV Unit P.O. Box 5500  
Albany, NY 12205**