



# Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel

**FT-945/1045**  
(2/93)

**0993**

Use this form to report transactions for the period February 1, 1993, through February 28, 1993, only

Sales tax vendor identification number	Business telephone number	Daytime telephone number
Legal name		
DBA		
Street		
City, state, ZIP code		

**Change of Business Information**  
 Check here if you have changed your business location and have not previously notified us. Enter this new address in the space next to your preprinted address. You must report this, or any other change (name, identification number, mailing address or owner/officer/responsible person information) on either Form DTF-95.1, found in the sales tax return instructions (Form ST-100-I, ST-809-1, ST-810-1), or on Form DTF-95, *Change of Business Information*. To request Form DTF-95, call toll free 1 800 462-8100 (from New York State only). From areas outside New York State, call (518) 438-1073.

Use labeled form and return envelope for filing your return.

**Parts I & II to be completed by registered distributors only**

**Parts III & IV to be completed by sellers of motor fuel other than registered distributors (see back of form)**

**Part I — Computation of Sales Tax Prepayment on Motor Fuel**

	Column (a) Type of Fuel	Column (b) Number of Gallons Subject to Tax (see instructions)	Column (c) Sales Tax Prepayment Per Gallon	Column (d) Column (b) × Column (c)
Region 1	1 Leaded	gal.		
	2 Unleaded	gal.		
	3 Premium	gal.		
	4 Region 1 total (add lines 1, 2 and 3)		× .082 =	4
Region 2	5 Leaded	gal.		
	6 Unleaded	gal.		
	7 Premium	gal.		
8 Region 2 total (add lines 5, 6 and 7)		× .067 =	8	
9	9 Gross sales tax prepayment on motor fuel (add lines 4 and 8)			9
10	10 Credit for sales to exempt purchasers or out-of-state deliveries			10
11	11 Other credits including casualty losses (see instructions)			11
12	12 Total credits on motor fuel (add lines 10 and 11; see instructions)			12
13	13 Net sales tax prepayment due (subtract line 12 from line 9; see instructions)			13

**Part II - Computation of Sales Tax Prepayment on Diesel Motor Fuel**

	Column (a) Number of Gallons Subject to Tax	Column (b) Sales Tax Prepayment Per Gallon	Column (c) Column (a) × Column (b)
Region 1	14	× .083 =	14
Region 2	15	× .069 =	15
16	16 Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15)		
17	17 Credit for sales to exempt purchasers or out-of-state deliveries		
18	18 Credits for casualty losses (see instructions)		
19	19 Total credits on diesel motor fuel (add lines 17 and 18)		
20	20 Net sales tax prepayment due on diesel motor fuel (subtract line 19 from line 16)		
21	21 Total prepaid tax due (add lines 13 and 20)		
22	22 Less Promptax payment (attach Schedule FT)		
23	23 Balance Due. Attach check or money order for this amount		

- Mail your return and payment in the enclosed envelope to applicable P O box on or before **March 20, 1993**.
- Write on the check or money order your ID number, form number **FT-945/1045** and the period you are reporting, February 1, 1993 through February 28, 1993. Make check or money order payable to **New York State Sales Tax**.
- Do not include the sales tax prepayment reported on this return in any other sales tax return, schedule or report.

**For Office Use Only**

Signature of vendor		
Title	Telephone number	Date
Signature of preparer if other than vendor		
Address	Telephone number	Date

**Part III - Inventory Reconciliation of Motor Fuel — in gallons (not required from Registered 12-A Distributors)**

24	Opening inventory of motor fuel (see instructions)	24	gal.
<b>Adjustments to motor fuel inventory:</b>			
25	Purchased in-state	25	
26	Other gain (or loss) to inventory (see instructions)	26	
27	Net (line 25 plus or minus line 26)	27	
28	Motor fuel available for sale (add lines 24 and 27)	28	
29	Motor fuel sold, used or transferred (see instructions)	29	
30	Closing inventory (subtract line 29 from line 28)	30	

**Part IV — Supplemental Information**

If you are not a registered distributor of motor fuel (Article 12-A), check here  and see instructions for attachments required.

If you are a vendor participating in the Promptax program, mail your return to: **NYS Promptax - Fuel Tax**  
**P O Box 1506**  
**Church Street Station**  
**New York NY 10008-1506**

If you are a vendor located outside New York State, mail your returns to: **P O Box 917**  
**Albany NY 12201-0917**

**If your place of business is located in the county of:**

**Mail return to:**

Albany	Franklin	Orange	Steuben	
Broome	Fulton	Otsego	St. Lawrence	
Chemung	Greene	Putnam	Sullivan	
Chenango	Hamilton	Rensselaer	Tioga	
Clinton	Herkimer	Rockland	Tompkins	
Columbia	Jefferson	Saratoga	Ulster	
Delaware	Lewis	Schenectady	Warren	
Dutchess	Montgomery	Schoharie	Washington	P O Box 917
Essex	Oneida	Schuyler		Albany NY 12201-0917
New York County with ZIP codes 10001-10019				
Richmond				P O Box 2058
				Church Street Station
				New York NY 10008-2058
Bronx	Queens			
Kings	Westchester			
New York County with ZIP codes 10020-10285				G P O Box 5464
				New York NY 10087-5464
Nassau	Suffolk			P O Box 1866
				Hicksville NY 11802-1866
Allegany	Erie	Niagara	Seneca	
Cattaraugus	Genesee	Onondaga	Wayne	
Cayuga	Livingston	Ontario	Wyoming	
Chautauqua	Madison	Orleans	Yates	P O Box 194
Cortland	Monroe	Oswego		Buffalo NY 14240-0194

**If You Need Help...**

**Phone:**

For forms or publications call toll free (from New York State only) 1 800 462-8100.

From areas outside New York State, call (518) 438-1073.

For information call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829).

From areas outside New York State, call (518) 438-8581.

**Write:**

If you wish to write, address your letter to:

NYS Tax Department  
 Taxpayer Assistance Bureau  
 W A Harriman Campus  
 Albany NY 12227

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.