



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

**0795**

Use this form to report transactions for the period **December 1, 1994, through December 31, 1994**, only.

|  |                                  |                                 |  |
|--|----------------------------------|---------------------------------|--|
| Sales tax vendor identification number<br><div style="border-bottom: 1px solid black; height: 1em;"></div> | Business telephone number<br>( ) | Daytime telephone number<br>( ) | <b>Change of Business Information</b><br><input type="checkbox"/> 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-I, ST-810-I), or on Form DTF-95, <i>Change of Business Information</i> . To request Form DTF-95, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073. |
| Legal name<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div>                           |                                  |                                 |  |
| DBA<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div>                                  |                                  |                                 |  |
| Street<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div>                               |                                  |                                 |  |
| City, state, ZIP code<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div>                |                                  |                                 |  |

Use labeled form and return envelope for filing your return.

**Registered distributors only** - Complete Parts I and II below.

**Sellers of motor fuel other than registered distributors** - Complete Parts III and IV on the back.

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

|                 | Column (a)<br>Type of Fuel   | Column (b)<br>Number of Gallons Subject to Tax<br><small>(see instructions)</small> | Column (c)<br>Sales Tax Prepayment Per Gallon | Column (d)<br>Column (b) × Column (c) |
|-----------------|--|---|---|---------------------------------------|
| <b>Region 1</b> | 1 Leaded   |   |   |                                       |
|                 | 2 Unleaded   |   |   |                                       |
|                 | 3 Premium  |   |   |                                       |
|                 | <b>4 Total (add lines 1, 2 and 3)</b>  |   |   | $\times \$078 =$ <b>4</b>             |
| <b>Region 2</b> | 5 Leaded   |   |   |                                       |
|                 | 6 Unleaded   |   |   |                                       |
|                 | 7 Premium  |   |   |                                       |
|                 | <b>8 Total (add lines 5, 6 and 7)</b>  |   |   | $\times \$064 =$ <b>8</b>             |
|                 | 9 Gross sales tax prepayment on motor fuel (add lines 4 and 8) . . . . .                                 |   |   | <b>9</b>                              |
|                 | 10 Credit for sales to exempt purchasers or out-of-state deliveries . . . . .                            |   |   | <b>10</b>                             |
|                 | 11 Other credits including casualty losses (see instructions) . . . . .                                  |   |   | <b>11</b>                             |
|                 | 12 Total credits on motor fuel (add lines 10 and 11; see instructions) . . . . .                         |   |   | <b>12</b>                             |
|                 | 13 Net sales tax prepayment due on motor fuel (subtract line 12 from line 9; see instructions) . . . . . |   |   | <b>13</b>                             |

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

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

- Mail your return and payment in the enclosed envelope to the applicable P O box on or before **January 20, 1995**.
- Write on the check or money order your identification number, form number **FT-945/1045** and the period you are reporting, **December 1, 1994, through December 31, 1994**. Make the 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<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div>                        |                         |  |
| Title<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div>                                      | Telephone number<br>( ) | Date<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div> |
| Signature of preparer if other than vendor<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div> |                         |  |
| Address<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div>                                    | Telephone number<br>( ) | Date<br><div style="border-bottom: 1px solid black; height: 1.5em;"></div> |

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

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

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 who does not participate in the Promptax program, mail your return 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    |

**Need Help?**

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 the Business Tax Information Center toll free (from the continental U.S. only) 1 800 972-1233. You can also 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.

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

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information and assistance numbers listed above.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll-free 1 800 634-2110 (within the continental U.S.). Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.