



Highway Use Tax Return

MT-903-MN

Taxpayer ID Number:

Period covered by return:

Due Date:

If there are any changes in your business name, ID number, mailing or business address, telephone number or owner/officer information, complete Form DTF-95, *Change of Business Information*. If you do not have a form, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

Read the enclosed instructions (Form MT-903-I) and the mailing instructions on back of this form.	PAYMENT: Make your check payable, in U.S. funds, to: <i>Commissioner of Taxation and Finance</i> Write your identification number, MT-903 and the period covered by the return on your check. \$	Amount of Remittance \$
---	--	-----------------------------------

Check this box if you had no activity in New York State for this period, and enter *NONE* on line 6 below; no further entries are necessary.

Enter the total miles (including Thruway miles) traveled in New York State for this period by all vehicles.	Total New York Miles
---	-----------------------------

SECTION I - Truck Mileage Tax

Complete lines 1 through 3 below unless you check one of the boxes on the right.

If no truck mileage tax is due for this period, check one of the boxes below and enter none on line 3.

- a. All miles reported by another (leased motor vehicles).
- b. All motor vehicles are exempt (example: omnibuses, etc.)

1. **Truck Mileage Schedule Totals** - (First complete Schedule 1 and/or Schedule 2 on back and then enter final totals on lines 1a and 1b below.)

Schedule 1 Total Tax		Schedule 2 Total Tax		Total Truck Mileage Tax (add 1a and 1b)	
1a.		1b.		1c.	

2. **Prior Truck Mileage Tax Overpayments to be applied** (attach a copy of Form MT-927)

Note: Fuel use tax credits cannot be used to reduce truck mileage tax.

3. **Truck Mileage Tax Due** (subtract line 2 from line 1c; enter here and on line 4, Section III, below).

2	
3	

SECTION II - Fuel Use Tax

You must complete and attach the enclosed Form MT-903-FUT, *Schedule for Fuel Use Tax*, unless you check one of the boxes on the right.

Enter the amount from Form MT-903-FUT, line 13 on line 5 of Section III below.

If no fuel use tax is due with this return, check one of the boxes below and enter *NONE* on line 5 below.

- a. All miles and fuel use tax reported to your base jurisdiction on your IFTA tax form.
- b. Intrastate carrier with all fuel purchased "tax paid" in New York State.
- c. All miles and fuel reported by another (leased motor vehicles).
- d. All miles and fuel covered by New York State fuel use tax 72-hour trip permits.

SECTION III - Summary

4. Truck mileage tax due (from Section I, line 3, above)	4	
5. Fuel use tax due (from Form MT-903-FUT, line 13, if applicable)	5	
6. Total tax due (add lines 4 and 5)	6	
7. Late filing penalty (see instructions - Form MT-903-I)	7	
8. Late filing interest (see instructions - Form MT-903-I)	8	
9. Total amount due (add lines 6, 7 and 8)	9	

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Date	Signature	Official title	Telephone number
Date	Print or type name of paid individual or firm preparing this return		Signature of individual preparing this return
Paid preparer's ID number	Paid preparer's address		Preparer's Telephone number

To receive a certified return, enclose an additional copy of your MT-903 return and a stamped self-addressed envelope, and check this box:

For Office Use Only

