



Highway Use Tax Return

Period covered by return: _____ Due date: _____
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Taxpayer identification number
Name
Street
City, State, ZIP code

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 need a form, call toll free 1 800 462-8100. From areas outside the U.S. and Canada, call (518) 485-6800.

Read the enclosed instructions (Form MT-903-I) before completing this return.	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 \$ _____
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Check this box if you had no activity in New York State for this period, and enter *NONE* on line 3 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
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Truck Mileage Tax

Complete lines 1 through 6 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.		2 _____
3. Truck Mileage Tax Due (subtract line 2 from line 1c)		3 _____
4. Late filing penalty (see instructions - Form MT-903-I)		4 _____
5. Late filing interest (see instructions - Form MT-903-I)		5 _____
6. Total amount due (add lines 3, 4 and 5)		6 _____

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 mailing address		Preparer's telephone number

Mail to:

NYS TAX DEPARTMENT
 HIGHWAY USE TAX
 P O BOX 1913
 ALBANY NY 12201-1913

For Office Use Only
