



FT-945/1045
(7/97)

New York State Department of Taxation and Finance

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

0298

For the period **July 1, 1997, through July 31, 1997, only**; due August 20, 1997.

Sales tax vendor identification number	Business telephone number ()	Daytime telephone number ()	Change of Business Information If your mailing address is incorrect on the label and you have not previously notified us, enter your correct mailing address next to your preprinted address. If your mail is forwarded to a paid preparer or you have any other change (name, ID#, physical address or owner/officer responsible person information) complete Form DTF-95.1 found in the quarterly or part-quarterly sales tax return, or Form DTF-95, <i>Change of Business Information</i> . To request Form DTF-95, call the Business Tax Information Center (See telephone number listed on back of form.)
Legal name			
DBA			
Street			
City, state, ZIP code			

Part I - Computation of Sales Tax Prepayment on Motor Fuel — Registered distributors only

	Column (a)	Column (b)	Column (c)	Column (d)
	Type of Fuel	Number of Gallons Subject to Tax (see instructions)	Sales Tax Prepayment Per Gallon	Column (b) × Column (c)
Region 1	1 Leaded			
	2 Unleaded			
	3 Premium			
	4 Total (add lines 1, 2 and 3)		× \$.087 =	4
Region 2	5 Leaded			
	6 Unleaded			
	7 Premium			
	8 Total (add lines 5, 6 and 7)		× \$.073 =	8
9 Gross sales tax prepayment on motor fuel (add lines 4 and 8)				9
10a Credit for sales to exempt purchasers or out-of-state deliveries			10a	
10b Less refunds previously requested on Form AU-629			10b	
10c Net credit (subtract line 10b from line 10a)			10c	
11 Other credits including casualty losses (see instructions)			11	
12 Total credits on motor fuel (add lines 10c and 11; see instructions)				12
13 Net sales tax prepayment due on motor fuel (subtract line 12 from line 9; see instructions)				13

Part II - Computation of Sales Tax Prepayment on Diesel Motor Fuel — Registered distributors only

	Column (a)	Column (b)	Column (c)
	Number of Gallons Subject to Tax	Sales Tax Prepayment Per Gallon	Column (a) × Column (b)
Region 1	14	× \$.093 =	14
Region 2	15	× \$.079 =	15
16 Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15)			16
17a Credit for sales to exempt purchasers or out-of-state deliveries			17a
17b Less refunds previously requested on Form AU-629			17b
17c Net credit (subtract line 17b from line 17a)			17c
18 Credits for casualty losses (see instructions)			18
19 Total credits on diesel motor fuel (add lines 17c and 18)			19
20 Net sales tax prepayment due on diesel motor fuel (subtract line 19 from line 16)			20
21 Total prepaid tax due (add lines 13 and 20)			21
22 PromptTax payment (attach Monthly Schedule FT)			22
23 Balance due (subtract line 22 from line 21; attach a check or money order for this amount)			23

— Write on the check or money order: Your identification number, form number **FT-945/1045** and the period you are reporting — **July 1, 1997, through July 31, 1997**. 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.

Signature of vendor

Title	Telephone number ()	Date
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Signature of preparer if other than vendor

Address	Telephone number ()	Date
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For Office Use Only

Part III - Inventory Reconciliation of Motor Fuel (in gallons) — Sellers of motor fuel other than registered distributors only

24	Opening inventory of motor fuel (see instructions)		24	
Adjustments to motor fuel inventory:				
25	Purchased in-state	25		
26	Other gain (or loss) to inventory (see instructions)	26		
27	Net adjustments to inventory (see instructions)		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 — Sellers of motor fuel other than registered distributors only

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

**Use labeled form and return envelope for filing your return.
Mail your return and payment on or before August 20, 1997, in the enclosed envelope to the applicable PO box below.**

If you are a vendor participating in the PromptTax program, mail your return to: **PROMPTAX — FUEL TAX
P O BOX 1506
CHURCH STREET STATION
NEW YORK NY 10008-1506**

If you do not participate in the Prompt Tax program and your place of business is in: **mail your return to:**
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**

**All other vendors (including those who are located outside New York State) mail your return to: PO BOX 917
ALBANY NY 12201-0917**

Need Help?

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100.

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

From areas outside the U.S. and Canada, call (518) 485-6800.

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 from the U.S. and Canada 1 800 634-2110. 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.

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 numbers listed above.

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