

## FT-945/1045

New York State Department of Taxation and Finance

0100

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

For the p	perio	od March 1, 1999, through	March	31, 19	<b>99,</b> only	y; due <b>April 20,</b> 1	1999.				
Sales ta	x ve	ndor identification number		Business telephone number				Daytime telephone nu	ımber	Change of Business Info	
	ĺ		ĺ		( )			( )		If your mailing address is inco the label and you have not pr	orrect on eviously
Legal na	ame		,		<u>, , , , , , , , , , , , , , , , , , , </u>			,		notified us, enter your correct address next to your preprinte	mailing
										If your mail is forwarded to a preparer or you have any oth	paid
DBA										(name, ID#, physical address officer responsible person info	or owner/
										complete Form DTF-95.1s, C	hange of
Street										Business Information for Vend in the quarterly or part-quarter	rly sales
										tax return, or Form DTF-95, 0  Business Information. To requ	iest
City, state, ZIP code										Form DTF-95, call the Busine Information Center (See telep	ss Tax hone
										number listed on back of form	1.)
Part I - 0	Com	putation of Sales Tax Prep	payment	on Mo	tor Fu	el — Registered	distri	butors only			
		Column (a)		Columr	ı (b)	Column (c)		Column (d)			
		Type of Fuel	Nui	mber of	Gallons	Sales Tax Prepayment		Column (b) × Column (c	.)		
		Type of Tuel	Subject t	to Tax (s	ee instruct	Per Gallon			,,		
Region	1	Regular									
1	2	Mid-grade									
	3	Premium									
	_	Total (add lines 1, 2 and 3)				× \$.079 =	4				
Region	5	Regular									
2	6	Mid-grade									
	7	Premium							<del></del>		
	8	Total (add lines 5, 6 and 7)				× \$.064 =	8				
	9	Gross sales tax prepayment	t on moto	r fuel (a	add lines	4 and 8)	<u></u>			9	
		Credit for sales to exempt p							$\perp$		
		Less refunds previously req							$\perp$		
	10c	Net credit (subtract line 10b fro	om line 10a	a)			10c		$\perp$		
	11	11 Other credits including casualty losses (see instructions)									
		Total credits on motor fuel (a				,			F-	12	
13 Net sales tax prepayment due on motor fuel (subtract line 12 from line 9; see instructions)										13	
Part II -	Con	omputation of Sales Tax Prepayment on Diesel Motor Fuel — Registered distributors only									
		Column (a)				lumn (b)		Column (c)			
				Sales Tax Prepayment Per Gallon		Column (a) × Column (b)		(b)			
Region 1	14					\$.083 =	14		$\perp$		
Region 2	15					\$.070 =	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								$\vdash$		
	17b Less refunds previously requested on Form AU-629							$\vdash$			
	17c     Net credit (subtract line 17b from line 17a).     17c       18     Credits for casualty losses (see instructions)     18							+			
									40		
	19 Total credits on diesel motor fuel (add lines 17c and 18)							_	19	+	
	<ul> <li>20 Net sales tax prepayment due on diesel motor fuel (subtract line 19 from line 16)</li> <li>21 Total prepaid tax due (add lines 13 and 20)</li> <li>22 PrompTax payment (attach Monthly Schedule FT)</li> </ul>									20	+
										21	-
	22		-		-					22	_
	23	Balance due (subtract line 22				•		•		For Office Use Only	
		e check or money order: You			-				е	Tor Office Ose Offis	
•	-	March 1, 1999, through Ma State Sales Tax.	rcn 31, 1	999. IVI	ake the o	cneck or money ord	ier pa	lyable to			
		ude the sales tax prepaymen	it renorted	d on this	e raturn	in any other sales	tav ro	turn schedule or renoi	.		
Signature			ir reboried	a Oir till	o recuiff	in any other sales	ian ie	turn, somedule of repor	ι.		
Jigi iature	UI V	OndO									
Title					Teleni	hone number		Date			
. 100					( )	)	[ ]	Dato			
Signature	of n	reparer if other than vendor			/	,	[_				
-igilataro	o, p	. opa. or ii outor than vondor									
Address					Telent	hone number		Date			
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Par	t III - Inventory Reconciliation of Motor Fuel (in gallons) — Sellers of motor fuel other than registered	d distributors only							
24	Opening inventory of motor fuel (see instructions)	24							
	Adjustments to motor fuel inventory:								
25	Purchased in-state								
26	Other gain (or loss) to inventory (see instructions)								
27	Net adjustments to inventory (see instructions)	27							
28	Motor fuel available for sale (add lines 24 and 27)								
29	Motor fuel sold, used or transferred (see instructions)								
30	Closing inventory (subtract line 29 from line 28)								
	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 April 20, 1999, in the enclosed envelope to the applicable PO box below.									
A	ll vendors, including those located outside New York State, mail your completed return to:	NYS SALES TAX PROCESSING GENERAL POST OFFICE BOX 5464 NEW YORK NY 10087-5464							
If you are enrolled in the PrompTax program, please use the preaddressed envelope provided. If you require the correct mailing address, please call the PrompTax Unit at 1 800 338-0054.									
	you are using a private delivery service, address the return envelope: The CHASE MANHATTAN BANK, NYS GOVERNMENT OODS BLVD., 4TH FLOOR, ALBANY, NY 12211	TAX PROCESSING, 12 CORPORATE							
Fo	or a listing of designated services, see Publication 55, Designated Private Delivery Services.								
	Need Help?								

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. For business tax information and forms, call the Business Tax Information Center at 1 800 972-1233. For general information, call toll free 1 800 225-5829. To order forms and publications, call toll free 1 800 462-8100. From areas outside the U.S. and outside Canada, call (518) 485-6800.

**Fax-on-Demand Forms Ordering System -** Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

## Internet Access - http://www.tax.state.ny.us

Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you 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. Assistance is available from 8:30 a.m. to 4:15 p.m. (eastern time), 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.

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