

New York State Department of Taxation and Finance

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



For the period April 1, 1999, through April 30, 1999, only; due May 20, 1999.

Sales tax vendor identification number Business telephone number Daytime telephone number										Change of Business Informa	
			( )			( )		If your mailing address is incorrect the label and you have not previou	on slv		
Legal na	me	notified us, enter your correct maili address next to your preprinted ad	nģ								
	If your mail is forwarded to a paid										
DBA				preparer or you have any other cha (name, ID#, physical address or ov	vner/						
										officer responsible person informat complete Form DTF-95.1s, Change	e of
Street										Business Information for Vendors, t in the quarterly or part-quarterly sa	
										tax return, or Form DTF-95, Chang Business Information. To request	je of
City, stat	e, Z	Form DTF-95, call the Business Ta	ıx								
										Information Center (See telephone number listed on back of form.)	
Part I - C	Com	putation of Sales Tax Prep	baymen	t on M	otor Fuel —	- Registered	listri	butors only			
		Column (a)	-	Colum		Column (c)		Column (d)			
					· · /	Sales Tax			_		
		Type of Fuel			Gallons see instructions)	Prepayment		Column (b) $ imes$ Column (c	)		
	1	Regular	,		,	Per Gallon					
Region		Mid-grade				-					
1		Premium				-					
						× ¢ 070 -	4				
	1	Total (add lines 1, 2 and 3) Regular				× \$.079 =	4				
Region		Mid-grade				-					
2		Premium				1					
		Total (add lines 5, 6 and 7)				× \$.064 =	8				
							1				
	9	Gross sales tax prepayment						<u></u>		9	
		Credit for sales to exempt pe									
		Less refunds previously requ									
		Net credit (subtract line 10b fro									
	11	· · · · · · · · · · · · · · · · · · ·					-				
	12					,				12	
Dort II		Net sales tax prepayment du putation of Sales Tax Pre								13	
Fart 11 -		Column (a)	paymer		Column		Stere	-			
		Number of Gallons Subject to	Toy	Solor				Column (c)	~		
Bogion 1	14	Number of Gallons Subject to	lax	Sales	$\times$ \$.083	nent Per Gallon	14	Column (a) × Column (	5)		
Region 1	14				× \$.063		14 15				
Region 2		0	P							40	
		Gross sales tax prepayment						<u> </u>		16	_
	<ul><li>17a Credit for sales to exempt purchasers or out-of-state deliveries</li><li>17b Less refunds previously requested on Form AU-629</li></ul>										
							17b				
		Net credit (subtract line 17b fro							$\vdash$		
	18	Credits for casualty losses (								40	
	19	Total credits on diesel motor			-					19	
	20	Net sales tax prepayment du								20	
	<ul> <li>21 Total prepaid tax due (add lines 13 and 20).</li> <li>22 PrompTax payment (attach Monthly Schedule FT).</li> </ul>									21	
	22		-		-					22	
	23	Balance due (subtract line 22						· · ·		23 For Office Use Only	
reporti	ng –	e check or money order: You April 1, 1999, through April State Sales Tax.							9	TO OTHER USE OTHY	
— Do <b>no</b>	t incl	ude the sales tax prepaymen	t reporte	d on th	is return in a	ny other sales	ax re	turn, schedule or repor			
Signature	of v	endor									
Title					Telephone	number		Date			
					( )						
Signature	of p	reparer if other than vendor			•						
Address					Telephone	number		Date			

)

# FT-945/1045 (4/99) (back)

# 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	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 May 20, 1999, in the enclosed envelope to the PO box below.

All 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.

If you are using a private delivery service, address the return envelope: The CHASE MANHATTAN BANK, NYS GOVERNMENT TAX PROCESSING, 12 CORPORATE WOODS BLVD., 4TH FLOOR, ALBANY, NY 12211

For 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.