

New York State Department of Taxation and Finance

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



Sales tax	x ver	ndor identification number		Business tel	Business telephone number		r Daytime telephone number		Change of Business Information	
Legal na	ime			()			()		If your mailing address is incorrect of the label and you have not previous notified us, enter your correct mailing address next to your preprinted add If your mail is forwarded to a paid	
DBA									preparer or you have any other char (name, ID#, physical address or own officer responsible person informatic complete Form DTF-95.1s, <i>Change</i>	
Street City, state	o 71	P. code							Business Information for Vendors, for in the quarterly or part-quarterly sal tax return, or Form DTF-95, Change Business Information. To request Form DTF-95, call the Business Tax	
Only, Stat	.0, 21								Information Center (see telephone number listed on back of form).	
art I - C	Com	outation of Sales Tax Prep	payment on	Motor Fuel —	Registered of	listril	outors only			
		Column (a)	Col	umn (b)	Column (c)		Column (d)			
		Type of Fuel		r of Gallons ax <i>(see instructions)</i>	Sales Tax Prepayment Per Gallon		Column (b) $ imes$ Column (c)			
Region	1	Regular								
1	2	Mid-grade								
	3	Premium				1				
		Total (add lines 1, 2 and 3)			× \$.070 =	4				
Region		Regular								
2		Mid-grade								
		Premium				1				
		Total (add lines 5, 6 and 7)			× \$.054 =			_	-	
		Gross sales tax prepayment					<u></u>		9	
		Credit for sales to exempt pe						_		
		Less refunds previously requested on Form AU-629 10b Net credit (subtract line 10b from line 10a) 10c								
							-			
		Other credits including casua Total credits on motor fuel (a						1	.	
		Net sales tax prepayment du			,				3	
Part II - (putation of Sales Tax Pre							5	
		Column (a)		Column			Column (c)			
		Number of Gallons Subject to	Tax Sa	ales Tax Prepaym	()		Column (a) \times Column (b)	_		
Region 1	14	,		× \$.071		14				
Region 2	15			× \$.060		15				
	16	Gross sales tax prepayment	tor fuel (add lines 14 and 15)				1	6		
		Credit for sales to exempt p							<u> </u>	
				n AU-629 17 b						
17c Net credit (subtract line 17b from line 17a)				17c						
	19								9	
	20	0 Net sales tax prepayment due on diesel motor fuel (subtract line 19 from line 16)							0	
	21		(add lines 13 and 20)						1	
		PrompTax payment (attach Monthly Schedule FT)								
		PrompTax payment (attach M	onthly Schedu	le FT)				2	2	

— Write on the check or money order your identification number, form number, *F1-945/1045*, and the period you ar reporting – *June 1, 1999, through June 30, 1999.* 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
	()	
Signature of preparer if other than vendor	Telephone number	Date
	()	
Address		

FT-945/1045 (6/99) (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	sed in-state				
26	Other gain (or loss) to inventory (see instructions)	26				
27	Net adjustments to inventory (see instructions)					
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 July 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 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.