

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	lephone numbe	r	Daytime telephone number	Change of Business Information
I	1			( )			( )	If your mailing address is incorrect on the label and you have not previously
Legal na	me		· · ·					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
DBA								(name, ID#, physical address or owner/
								officer responsible person information) complete Form DTF-95.1s, <i>Change of</i>
Street								Business Information for Vendors, found in the quarterly or part-quarterly sales
			tax return, or Form DTF-95, Change of Business Information. To request					
City, stat	te, Z	Form DTF-95, call the Business Tax Information Center (see telephone						
		number listed on back of form).						
art I - C	Com	putation of Sales Tax Prep	ayment on M	Notor Fuel —	- Registered d	listril	butors only	
		Column (a)	Colum	nn (b)	Column (c)		Column (d)	
		Type of Fuel	Number o		Sales Tax Prepayment		Column (b) $ imes$ Column (c)	
			Subject to Tax		Prepayment Per Gallon			
Region	1	Regular						
1	2	Mid-grade						
•	3	Premium						
		Total (add lines 1, 2 and 3)			× \$.070 =	4		
Region	_	Regular						
2	6	Mid-grade						
-	7	Premium	-				I	
	8	Total (add lines 5, 6 and 7)			× \$.054 =	8		
	9	Gross sales tax prepayment	9					
		Credit for sales to exempt pu	4					
		Less refunds previously requ	_					
	10c	Net credit (subtract line 10b fro	4					
11 Other credits including casualty losses								
		Total credits on motor fuel (add lines 10c and 11; see instructions)						
		Net sales tax prepayment du						. 13
art II - (	Con	putation of Sales Tax Pre	payment on			stere	-	
		Column (a)		Column (b)			Column (c)	-
				s Tax Prepayment Per Gallon			Column (a) $ imes$ Column (b)	-
legion 1	14			× \$.071 =		14		-
legion 2	15			× \$.060		15		
16 Gross sales tax prepayment on diesel motor fuel (a						· · · · · · · · · · · · · · · · · · ·	. 16	
17a Credit for sales to exempt purchasers or out-of-stat								-
	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)       18)							
	19			,				
· · · -				sel motor fuel (subtract line 19 from line 16)				
		Total prepaid tax due (add	-					
	22	PrompTax payment (attach M	onthly Schedule	FT)				22

Write on the check or money order your identification number, form number FT-945/1045, and the period you are reporting – July 1, 1999, through July 31, 1999. Make the check or money order payable to New York State Sales Tax.

23 Balance due (subtract line 22 from line 21; attach a check or money order for this amount)

For Office Use Only

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— 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 (7/99) (back)

Par	t III - Inventory Reconciliation of Motor Fuel (in gallons) — Sellers of mo	tor fu	uel other than registered d	istrik	outors 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, 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 12211-2524 For a listing of designated services, see Publication 55, Designated Private Delivery Services.

## Need help?



1 800 972-1233
1 800 225-5829
1 800 462-8100
(518) 485-6800

Telephone Assistance is available from 8:30 a.m. to



available 24 hours a day, 7 days a week.



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

T,DD

Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:15 p.m., (eastern time)

Monday through Friday. If you do not own a telecommunications device for the deaf (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 1 800 225-5829.



1 800 748-3676

If you need to write, address your letter to: NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU TAXPAYER CORRESPONDENCE W A HARRIMAN CAMPUS ALBANY NY 12227