

FT-945/1045

New York State Department of Taxation and Finance

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

For the p	erio	od August 1, 1999, throug	h Augu	st 31	, 1999 , only;	due Septem	ber 2	0, 1999.					
Sales tax vendor identification number				Business telephone number Da			Daytime tele	Daytime telephone number			ge of business infor		
					()			()			the lab	mailing address is income pel and you have not prev	/iously
Legal na	me										addres	d us, enter your correct n ss next to your preprinted	address.
											prepar	mail is forwarded to a pa er or you have any other	change
DBA											officer	, ID#, physical address o responsible person information	mation)
Street											Busine	ete Form DTF-95.1s, Cha ess Information for Vendo	rs, found
Sileet											tax ret	quarterly or part-quarterly turn, or Form DTF-95, <i>Ch</i>	ange of
City, sta	e 7	TP code									Form I	ess Information. To request DTF-95, call the Business	s Tax
Oity, Sta	.0, _	0000										ation Center (see telephorer listed on back of form).	
Part I - (Com	putation of sales tax prep	avment	on m	otor fuel —	reaistered dis	stribu	tors only			ı		
	T	Column (a)	T	Colun		Column (c)	1	Colum	ın (d)				
						Sales tax	Column (b) × Column (c)						
		Type of fuel		Number of gallons subject to tax (see instructions)		prepayment per gallon							
Region	1	Regular				per galleri							
	-	Mid-grade											
1	3	Premium											
	4	Total (add lines 1, 2 and 3)				× \$.070 =	4						
Region	5	Regular											
2	6	Mid-grade											
	7	Premium								1			
	8	Total (add lines 5, 6 and 7)				× \$.054 =	8						T
	9	Gross sales tax prepaymen	t on moto	or fuel	(add lines 4 and	d 8)	<u></u>				9		
		Credit for sales to exempt p											
		Less refunds previously requested on Form AU-629											
	11	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.											
	12					*				-	12		
Dart II -		Net sales tax prepayment d nputation of sales tax pre									13		
I ait II -		Column (a)	payment		Column		l	Colum					
		Number of gallons subject to	ı tax	Sale	es tax prepaym			Column (a) ×	` ,) —			
Region 1	14		, tax	Car	× \$.07		14	Column (a)	Columnia	77			
Region 2	15				× \$.060		15						
	1		t on diese	el mot							16		
	16 Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15)				17a						<u> </u>		
		Less refunds previously req											
	17c	Net credit (subtract line 17b fr	om line 17	'a)			17c						
	18	Credits for casualty losses	(see instrud	ctions)			18						
	19	Total credits on diesel moto	r fuel (add	d 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 a	and 20)						21		
22 PrompTax payment (attach Form FT-945/1045-A, Monthly Schedule FT)								22					
	23	Balance due (subtract line 22	from line 2	21; atta	ich a check or n	noney order for th	is amo	ount)			23		
— Write	n th	e check or money order your	· identifica	ation n	umber, form n	umber <i>FT-945</i>	1045 ,	and the perio	od you are			For Office Use Only	
	_	August 1, 1999, through A	ugust 31,	, 1999	. Make the ch	eck or money of	order	payable to					
		State Sales Tax.											
		lude the sales tax prepaymer	nt reported	a on tl	nis return in ai	ny other sales	ax re	turn, schedul	e or report				
Signature	of v	rendor											
Title						Tolonk		\r	Doto				
Title				Telephone r	iumbe	umber Date							
Signature of preparer if other than vendor						() Telephone r	numba)r	Date				
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Address] ()							
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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				
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)	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 September 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 to: 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?



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

For business tax information, call the New York State Business Tax Information Center:	1 800 972-1233
For general information:	1 800 225-5829
To order forms and publications:	1 800 462-8100
From areas outside the U.S. and outside Canada:	(518) 485-6800



Fax-on-demand forms: Forms are available 24 hours a day,

7 days a week. 1 800 748-3676



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



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.



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