

## FT-945/1045

New York State Department of Taxation and Finance

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

		=			rough S	Septen		<b>19,</b> only; due					1		
Sales tax vendor identification number			Business telephone number Daytime				telephone ni	ımber	If your	ge of business info mailing address is inco	rrect on				
Legal na	me						( )			( )			notified	pel and you have not pr d us, enter your correct as next to your preprinte	mailing
													If your	mail is forwarded to a	paid
DBA													(name officer	er or you have any other, ID#, physical address responsible person information DTF-95.1s, Compared to the contract of the cont	or owner/ ormation)
Street													in the tax ret	ess Information for Vend quarterly or part-quarte urn, or Form DTF-95, (	dors, found rly sales Change of
City, sta	te, Z	IP code											Form I	ess Information. To requestrees Information. To requestree the Busine ation Center (see telepter listed on back of form	ss Tax hone
Part I - (	:om	nutation of	sales	tay nrei	navment	on m	ntor fuel —	registered di	stribu	tors only	1				
	J	_	ımn a	tux pro	Jayment	Colur		Column c			olumn d				
					NI NI	Number of gallons subject to tax (see instructions)		Sales tax							
		Type of fuel			prepayment per gallon										
<u> </u>	1	1 Regular			per gemen										
Region	-	Mid-grade													
1	3	Premium													
	4	Total (add I	lines 1, 2	and 3)				× \$.070 =	4						
Region	5	Regular													
2	6	Mid-grade													
	7	Premium													
		Total (add I		,				× \$.054 =							
								d 8)			<u></u>		9		
								veries							
			ess refunds previously requested on Form AU-629												
			Net credit (subtract line 10b from line 10a)												
	11												12		1
	12				•			tions)				1	13		
Part II -								fuel — regist					13		
			Column		<b>,</b> ,	1	Column		1		olumn c				
		Number of	gallons	subject t	o tax	Sale	s tax prepaym	ent per gallon		Column	a × Column	)			
Region 1	14		-	-			× \$.071	1 =	14						
Region 2	15						× \$.060	0 =	15						
	16	Gross sale	s tax pr	epaymer	nt on dies	sel moto	or fuel (add line	es 14 and 15)					16		
	17a	Credit for s	ales to	exempt <sub> </sub>	ourchase	rs or ou	ıt-of-state deli	veries	17a						
	17b	Less refun	ds previ	ously red	quested c	n Form	AU-629		17b						
	17c					,									
	18	Credits for	casualty	/ losses	(see instru	uctions)			18						
19 Total credits on diesel motor fuel (add 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 and 20)							ľ	21							
	22	•		•				,					22		
101.11	23							noney order for th					23	For office use only	
reporti	ng –		1, 1999	•				umber <i>FT-945</i> , the check or			•	9			
				epayme	nt reporte	ed on th	nis return in ar	ny other sales	tax re	turn, sche	dule or repo	t.			
Signature				. ,		<u> </u>		<u> </u>							
Title								Tolonhone	numh -	\r	Doto				
Title								Telephone	iumbe	ŧı	Date				
Signaturo	of n	reparer if oth	ner than	vendor				( ) Telephone	numbo	۱۲ م	Date				
Jigi iatui e	oi p	nopaiti ii Uli	ioi iiiall	voriduí				( )	iuiiibt	,,	Date				
Address								/							
													_		

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				
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.

All vendors, including those located outside New York State, mail your completed return to: ......

Mail your return and payment on or before October 20, 1999, in the enclosed envelope to the PO box below.

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