

New York State Department of Taxation and Finance

Quarterly Inventory Report by Retail Service Stations and Fixed Base Operators

FT-943

Do not attach this report to your sales tax return or use it to report sales or to remit sales tax due. This is an information report, not a sales tax return.

Sales tax vendor identification	number	Business telephone numb	per	Change of business information
Legal name				If your mailing address is incorrect on the label and you have not previously notified us, enter your
DBA				correct mailing address next to your preprinted address. If your mail is
Street				forwarded to a paid preparer or you have any other change (name, ID#, physical address, or owner/officer
City	State	ZI	P code	responsible person information) complete Form DTF-95, <i>Change of</i> <i>Business Information</i> . To request
Use labeled form and retur	n envelope for filing. 000, through May 31, 2000 (due June .	26, 2000).		Form DTF-95, call the Business Tax Information Center (see telephone number listed on back of form).
form to report the reque number above. You must	hasing, selling, or using motor fuel or di sted information for all business location at file a separate Form FT-943 for each l t for motor fuel or diesel motor fuel held	ns for which you file sales to ocation having a separate	tax returns under the sales tax identification	ne sales tax identification tion number.
	entory report required as a result of you	`	0	5). Tou must me this form in

addition to any other inventory report required as a result of your other business activities.
Failing to file this form, or willfully filing a false form, is a misdemeanor.
 You must file this form within 25 days of the end of the quarter listed above.
Please read the instructions for each part before completing this report.
Part I — Business description
Check the box(es) that describe(s) your motor fuel or diesel motor fuel business. You may check more than one box. 1. Service station operator
2. Motor fuel or diesel motor fuel wholesaler or jobber
3. Registered distributor of motor fuel #M —
4. Registered distributor of diesel motor fuel #D —
5. Registered distributor of kero-jet fuel #K —
Part II — Inventory reconciliation (report by type of fuel)

For lines 1 through 5, add amounts in columns A, B, and C and enter totals in column D. Enter figures for diesel motor fuel in column E (for kero-jet fuel, preface the number of gallons with a capital K).

- Line 1 Indicate by gallons and type of fuel, the retail service station or fixed-base inventory on hand at the beginning of the quarter. The opening inventory should be the same as the previous quarter's closing inventory; attach an explanation if these figures do not correspond.
- Line 2 Enter, by type, the number of gallons of motor fuel or diesel motor fuel purchased or transferred from your non-retail marketing locations to your retail service stations (or fixed bases) during the quarter.
- **Line 3** Add lines 1 and 2 to determine the amount of motor fuel or diesel motor fuel available for sale.
- **Line 4** Enter, by type, the number of gallons of motor fuel or diesel motor fuel sold or used during the quarter.
- Line 5 Subtract line 4 from line 3. The amount on line 5 is your closing inventory for the quarter, and should also be your opening inventory for the next quarter.

		Motor fuel			E	
		A Regular unleaded*	B Mid-grade unleaded	C Premium unleaded**	D Total (A + B + C)	Diesel motor fuel ***
1	Opening inventory	gal.	gal.	gal.	gal.	gal.
2	Additions to inventory (see instructions above)	gal.	gal.	gal.	gal.	gal.
3	Fuel available for sale (add lines 1 and 2)	gal.	gal.	gal.	gal.	gal.
4	Fuel sold or used	gal.	gal.	gal.	gal.	gal.
5	Closing inventory (subtract line 4 from line 3)	gal.	gal.	gal.	gal.	gal.

- * Unleaded fuel includes kerosene compounds and propane.
- ** Premium fuel includes unleaded premium and aviation gasoline.
- *** Diesel motor fuel is kerosene (including kero-jet), crude oil, and middle distillates or motor fuels suitable for use in the operation of an engine of the diesel type.

Part III — Summary of motor fuel and diesel motor fuel purchases

Retail vendors must report motor fuel (if not registered as a motor fuel distributor) and diesel motor fuel purchases (if not registered as a diesel motor fuel or kero-jet fuel distributor). Complete columns A through D for appropriate fuels purchased this quarter.

Column A — For motor fuel purchases:

Enter the name and identification number of the supplier from whom the fuel was purchased, as it appears on either Form FT-935, *Certification of Prepayment of Sales Tax and Payment of Motor Fuel Tax and the Petroleum Business Tax*, or other document given to you certifying that the taxes were paid. **List all** suppliers from whom you purchase motor fuel.

If you are a wholesaler, jobber, etc., and reported a transfer of motor fuel from your non-retail marketing locations to your retail service station in *Part III* of Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, enter *self* in column A and complete the information requested in columns C and D for that fuel.

For diesel motor fuel purchases:

Enter the name and identification number of the supplier from whom the fuel was purchased, as it appears on either Form FT-1000, *Certificate of Prepayment or Payment of Sales Tax and Payment of the Diesel Motor Fuel Tax and the Petroleum Business Tax*, or other document given to you certifying that the taxes were paid. **List all** suppliers from whom you purchase diesel motor fuel.

- Column B Enter the street and city address of each supplier listed in column A.
- **Column C** Indicate the type of fuel purchased by entering **U** (regular unleaded), **M** (mid-grade unleaded), **P** (premium unleaded), **D** (diesel), or **K** (kero-jet).
- **Column D** Enter the total number of gallons for each type of fuel purchased during the quarter from that supplier.

Enter the information requested in columns A through D for those purchases of automotive fuel made in New York State.

A Name and ID number of supplier	B Address of supplier	C Type of fuel	D Total gallons purchased
(Name)			
(ID number)			
Attach additional sheets, if necessary, to report all supplie	ers for the reporting period.		
Number of locations — Indicate the number of locations in New York State at which you make retail sales of motor fuel or diesel motor fuel and that are covered by this report.			

Signature of owner or authorized representative		
Title	Telephone number	Date
Signature of preparer (if other than vendor)	Telephone number	Date

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

Tax information: 1 800 972-1233 Forms and publications: 1 800 462-8100

From outside the U.S. and outside Canada: (518) 485-6800

Fax-on-demand forms: 1 800 748-3676 Internet access: http://www.tax.state.ny.us

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:30 a.m. to 4:25 p.m., eastern time)

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, W A Harriman Campus, Albany NY 12227.

Mail to: NYS TAX DEPARTMENT, PETROLEUM TRACKING UNIT, PO BOX 5500, ALBANY NY 12205-0500.