



**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 the Motor Fuel Tax and the Petroleum Business Tax*, or on another 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 Taxes on Diesel Motor Fuel*, or on another 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)	-----		
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Attach additional sheets, if necessary, to report all suppliers 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

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

If you are using any private delivery service, address your report to: NYS Tax Department, Petroleum Tracking Unit, Building 8, Albany NY 12227. (Designated private delivery services are listed in Publication 55. See **Need help?** below for information on ordering forms and publications.)

<p><b>Need help?</b></p> <p> <b>Internet access:</b> <a href="http://www.nystax.gov">www.nystax.gov</a> (for information, forms, and publications)</p> <p> <b>Fax-on-demand forms:</b> 1 800 748-3676</p> <p> <b>Telephone assistance</b> is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.</p> <p>To order forms and publications: 1 800 462-8100 Business Tax Information Center: 1 800 972-1233 From areas outside the U.S. and outside Canada: (518) 485-6800</p>	<p><b>Hearing and speech impaired</b> (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:00 A.M. to 5:00 P.M. eastern time).</p> <p> <b>Persons with disabilities:</b> 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 1 800 972-1233.</p> <p> <b>If you need to write,</b> address your letter to: NYS Tax Department, Business Tax Information Center, W A Harriman Campus, Albany NY 12227.</p>
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