

New York State Department of Taxation and Finance

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



For office use only

For the	perio	od June 1, 2011 , through J								
	Sales tax vendor identification number				telephone nun		Daytime telephone nu	nber		
				()					Has your address or bu	
Lega	nam	ne		, ,			, , , , , , , , , , , , , , , , , , ,		information changed?	
									To update your mailing add	
DBA	(doin	ig business as) name							visit our Web site (see Nee in Form FT-945/1045-I, Ins	'
									for Form FT-945/1045) and	look
Stree	et address								for the change my address for further instructions, or e	
									your correct address on thi	s form.
City		State ZIP code							For complete information, s instructions.	ee
Part 1 –	- Co	mputation of sales tax pre	payment on mo	tor fuel –	- registered d	istrib	utors only		-	
		Α	В		С		D			
		Type of fuel	Number of g		Sales tax prepayment		Tax due			
		Type of Idei	subject to	tax	per gallon		(column $B \times$ column C)			
Region	1	Regular								
1	2	Mid-grade								
	3	Premium								
	4	Total (add lines 1, 2, and 3)			× \$.1475 =	4				
Region	5	Regular								
2	6	Mid-grade								
-	7	Premium			-					
	8	Total (add lines 5, 6, and 7)			× \$.140 =	8				
	9	Gross sales tax prepayment on motor fuel (add lines 4 and 8, column D)							9	
	10a	Credit(s) (see instructions)				10a				
	10b	0b Refunds previously requested on Form AU-629				10b				
	10c	Net credit (subtract line 10b from	n line 10a)			10c				
	 11 Other credits including casualty losses (see instructions) 12 Total credits on motor fuel (add lines 10c and 11) 				11					
							12			
	13	Net sales tax prepayment due	e on motor fuel (s	ubtract line 1	2 from line 9; see	instruc	ctions)	13		
Part 2 —	Cor	nputation of sales tax prep	ayment on dies	sel motor	fuel — registe	ered d	listributors only			
		Α		В		С				
		Number of gallons subject to ta	x Sales	Sales tax prepayment per gallon		Tax due (column A × column B)				
Region 1	14			× \$.1475 =		14				
Region 2	15			× \$.140 =		15				
	16	 16 Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15) 17a Credit(s) (see instructions)			s 14 and 15)				16	
	17a					17a				
	17b					17b				
	17c					17c				
	18					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 lin				e 16)			20		
	21								21	
	22 PrompTax payment (attach Form FT-945/1045-A, Monthly Schedule FT)				edule FT)			L	22	
	23 Balance due (subtract line 22 from line 21; attach a check or money order for this amount; see instructions)								23	

Parts 3 and 4 — Motor fuel wholesalers, jobbers, etc., proceed to Part 3 on the back

Do not include the sales tax prepayment reported on this return in any other sales tax return, schedule, or report.

Authorized		Signature of authorized person		Official title					
perso	n	E-mail address of authorized person			Т (elephone number)		Date	
Falu		s name (or yours if self-employed)			Firm's Ell	N	Prepar	er's PTIN	l or SSN
use	Signa	ature of individual preparing this return	Address			City	Sta	ate	ZIP code
only (see instr.)	E-ma	il address of individual preparing this return		Telephone number		Preparer's NYTPRIN		Date	

Part	Part 3 — 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 (add lines 25 and 26; if line 26 is a loss, subtract line 26 from line 25)	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 4 — Supplemental information — sellers of motor fuel other than registered distributors only

If you are not a registered distributor of motor fuel (Article 12-A), mark an X here and see instructions for attachments required.

Need help?

See Form FT-945/1045-I, Instructions for Form FT-945/1045, for where to file.