

New York State Department of Taxation and Finance

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



Sales tax vendor identification number	Business telephone number	Daytime telephone number							
	()	()	Has your address or business						
Legal name			information changed?						
			To update your mailing address,						
DBA (doing business as) name			visit our Web site (see <i>Need help?</i> in Form FT-945/1045-I, <i>Instructions</i> <i>for Form FT-945/1045</i>) and look						
Street address			for the change my address option for further instructions, or enter your correct address on this form.						
City State		ZIP code	For complete information, see instructions.						

Web file your return at www.tax.ny.gov Parts 1 and 2 — Registered distributors only

No activity? — Motor fuel distributors: enter **0** in boxes 3, 8, and 21; diesel motor fuel distributors: enter **0** in boxes, 11, 16, and 21. You **must** file by the due date even if no tax is due. There is a \$50 penalty for late filing of a no-tax-due-return.

Part 1 –	- C	omputation of sales tax prepaym	nent on motor fuel — register	ed di	stributors only			
		A – Number of gallons subject to tax	B – Sales tax prepayment per gallon	C -	- Tax due (column A × column	IB)		
Region 1	1		× \$.1475 =	1				
Region 2	2		× \$.140 =	2				
	3	Gross sales tax prepayment on mot	tor fuel (add lines 1 and 2)				3	
Credits: sold to exempt purchasers or exported; loss due to shrinkage, evaporation, or handling; or casualty loss								
	4a	Region 1 total		4a				
	4b	Region 2 total		4b				
	5 Net credits (add lines 4a and 4b)							
	6	Refunds previously requested on Fo	orm AU-629	6				1
	7	Total credits on motor fuel (subtract l	line 6 from line 5)				7	
		Net sales tax prepayment due on m					8	
Part 2 —	Co	mputation of sales tax prepayme	ent on diesel motor fuel — re	giste	red distributors only			
		A – Number of gallons subject to tax	B – Sales tax prepayment per gallon	C -	Tax due (column A × column	IB)		
Region 1	9		× \$.1475 =	9				
Region 2	10		× \$.140 =	10				-
	11	Gross sales tax prepayment on dies	sel motor fuel (add lines 9 and 10).				11	
Credit	s:	sold to exempt purchasers, expo	orted, or casualty loss					
	12a	Region 1 total		12a				
	12b	Region 2 total		12b				
	13	Net credits (add lines 12a and 12b)		13				
	14	Refunds previously requested on Fo	orm AU-629	14				1
	15 Total credits on diesel motor fuel (subtract line 14 from line 13)						15	
	16 Net sales tax prepayment due on diesel motor fuel (subtract line 15 from line 11)						16	
17 Total prepaid tax due on motor fuel and diesel motor fuel (add lines 8 and 16)							17	
Credit	ca	nryforward						,
	18 Credit for an overpayment of tax made in a prior period						18	
	19 PrompTax payment (attach Form FT-945/1045-A, Monthly Schedule FT)						19	
	20 Subtotal (add lines 18 and 19)					20		
	21 Balance due (subtract line 20 from line 17; attach a check or money order for this amount; see instructions)						21	
Parts 3 and 4 — Motor fuel wholesalers, jobbers, etc., proceed to Part 3 on the back								

For office use only

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Par	Part 3 — Inventory reconciliation of motor fuel (in gallons) — sellers of motor fuel other than registered distributors only 22 Opening inventory of motor fuel (see instructions) Adjustments to motor fuel inventory							
22	Opening inventory of motor fuel (see instructions)			22				
Adj	ustments to motor fuel inventory							
23	Purchased in-state	23						
24	Other gain (or loss) to inventory (see instructions)	24						
25	Net adjustments to inventory (add lines 23 and 24; if line 24 is a loss, subtract line 2	25						
26 Motor fuel available for sale (add lines 22 and 25)								
27	27 Motor fuel sold, used, or transferred (see instructions)							
28	Closing inventory (subtract line 27 from line 26)			28				
Par	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.

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

Authoriz	Signature of authorized person				Official title						
persor	n	E-mail address of authorized person			Telephone number				Date		
Paid		Firm's name (or yours if self-employed)				Firm's EIN			Preparer's PTIN or SSN		
preparer use	Sigr	nature of individual preparing this return	Address				City			State ZIP code	
only (see instr.)				Telephone r	number Preparer's NYTPRIN			Date			

Need help?

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