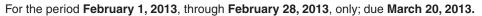


New York State Department of Taxation and Finance

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.			
Veb 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 — Computation of sales tax prepayment on motor fuel — registered distributors only									
		A - Number of gallons subject to tax	B - Sales tax prepayment per gallon	C –	\cdot Tax due (column A \times column B)				
Region 1	1		× \$.1475 =	1					
Region 2	2		× \$.140 =	2					
3 Gross sales tax prepayment on motor fuel (add lines 1 and 2)									
Credits	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 Fe	orm AU-629	6					
	7	Total credits on motor fuel (subtract	line 6 from line 5)			. 7			
	8	Net sales tax prepayment due on m	otor fuel (subtract line 7 from line 3)			. 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 \times column B)				
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	rted, or casualty loss			_			
	12a	Region 1 total		12a		_			
	12b	Region 2 total		12b					
		Net credits (add lines 12a and 12b)				_			
14 Refunds previously requested on Form AU-629 14									
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	rryforward							
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)								
	21					. 21		1	
Parts 3 a	Parts 3 and 4 — Motor fuel wholesalers, jobbers, etc., proceed to Part 3 on the back								

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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)			22				
Adj	justments 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	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				
	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.

Authorized		Signature of authorized person		C	Official title					
persor	n	E-mail address of authorized person				Telephone number ()			Date	
Paid	Firm	's name (or yours if self-employed)			F	Firm's EIN		Prepar	er's PTIN	l or SSN
preparer use	Signature of individual preparing this return		Address	Idress		City		State ZIP code		
only (see instr.)	E-mail address of individual preparing this return			Telephone nu ()	umber		Preparer's NYTPRIN		Date	

Need help?

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