



Quarterly Inventory Report by Retail Service Stations and Fixed Base Operators

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 number ()	Has your address or business information changed? To update your mailing address, visit our Web site; otherwise, call the Miscellaneous Tax Information Center (see <i>Need help?</i> on back) or enter your correct address on this form. You may also use Form DTF-96, <i>Report of Address Change for Business Tax Accounts</i> , to update your mailing address. To change additional information (as well as your address), complete and send in Form DTF-95, <i>Business Tax Account Update</i> . You can get these forms from our Web site, or by phone. See <i>Need help?</i> on back.
Legal name		
DBA (doing business as) name		
Street address		
City	State	

Mark an **X** in the appropriate box to indicate the period covered by this report.

- Mar 1 – May 31, 2013**
Due: Jun 20, 2013
 Jun 1 – Aug 31, 2013
Due: Sep 20, 2013
 Sep 1 – Nov 30, 2013
Due: Dec 20, 2013
 Dec 1, 2013 – Feb 28, 2014
Due: Mar 20, 2014

- Every retail vendor purchasing, selling, or using motor fuel or highway diesel motor fuel must file this form each quarter. Use this form to report the requested information for all business locations for which you file sales tax returns under the sales tax identification number above. You must file a separate Form FT-943 for each location having a separate sales tax identification number.
- Use this form to account for motor fuel or highway diesel motor fuel held at retail service stations (including fixed bases). You must file 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.

Please read the instructions for each part before completing this report.

Part 1 — Business description

Mark an **X** in the box(es) that describe(s) your motor fuel or diesel motor fuel business. You may mark an **X** in 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 2 — 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 highway 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 highway 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 highway diesel motor fuel available for sale.

Line 4 — Enter, by type, the number of gallons of motor fuel or highway 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 Highway diesel motor fuel ***
	A Regular unleaded*	B Mid-grade unleaded	C Premium unleaded**	D Total (A + B + C)	
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 No. 1 diesel fuel, No. 2 diesel fuel, biodiesel, kerosene, fuel oil or other middle distillate and also motor fuel suitable for use in the operation of an engine of the diesel type. Diesel motor fuel does not include any product specifically designated No. 4 diesel fuel.
 Non-highway diesel motor fuel is any diesel motor fuel that is designated for use other than on a public highway, (except for the use of the public highway by farmers to reach adjacent lands) and is dyed diesel motor fuel.
 Highway diesel motor fuel is any diesel motor fuel which is not non-highway diesel motor fuel.
 Dyed diesel motor fuel is diesel motor fuel which has been dyed in accordance with and for the purpose of complying with 26 USC 4082(a).

Part 3 — Summary of motor fuel and diesel motor fuel purchases

Retail vendors must report motor fuel purchases (if not registered as a motor fuel distributor) and highway 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 Taxes Paid on Motor Fuel (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 3 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 address (street, city, state, and ZIP code) 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 petroleum products 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 highway diesel motor fuel and that are covered by this report.

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

Signature

If you are a sole proprietor, you must sign the return and print your title, telephone number, and date.

If you are filing this return for a corporation, partnership, or other type of entity, an officer, employee, or partner must sign the return on behalf of the business, and print his or her title, telephone number, and date.

If you do not prepare the return yourself, sign, date, and provide the requested taxpayer information. The preparer must also print his, her, or the firm's name, sign the return, and provide the requested preparer information. Also see *Paid preparer identification numbers* below.

Paid preparer identification numbers — New York State Tax Law requires certain paid tax return preparers and facilitators of refund anticipation loans (RALs) and refund anticipation checks (RACs) to register electronically with the Tax Department. When completing this section, you must enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. (Information on the New York State Tax Preparer Registration Program is available on our Web site. See *Need help?* below.) In addition, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number (SSN). (PTIN information is available at www.irs.gov.)

Where to file

Mail your report to: **NYS Tax Department, Petroleum Tracking Unit, PO Box 5500, Albany NY 12205-0500**

Private delivery service — If you are using a private delivery service, see Publication 55, *Designated Private Delivery Services*.

Need help?



Visit our Web site at www.tax.ny.gov (for information, forms, and online services)



Miscellaneous Tax Information Center: (518) 457-5735
To order forms and publications: (518) 457-5431



Text Telephone (TTY) Hotline
(for persons with hearing and speech disabilities using a TTY): (518) 485-5082

Privacy notification — The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Article 3 of the New York State Retirement and Social Security Law; Articles 8 and 22 of the New York State Tax Law; 26 USC 6109(d) and 26 CFR 301.6109-1(b); and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information to help determine eligibility for initial and continued employment, for administrative record keeping and identification, to administer employee benefit programs, to properly account for applicable federal and state taxes, and for any other purpose authorized by law.

Failure to provide the required information may hinder or prevent your employment or retention as an employee and may, as far as withholding of federal and state taxes is concerned, subject you to civil or criminal penalties, or both.

This information is maintained by the Director of the Office of Human Resources Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-2786.