

New York State Department of Taxation and Finance

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

Sales	tax vendor ide	ntification number	Business telephone number		Daytime telephone number			
			()		()		Has your address or bu	sines
Legal	name		1				information changed?	
DBA (doing business	as) name					To update your mailing addrevisit our Web site (see Need in Form FT-945/1045-I, Instrutor Form FT-945/1045) and le	help? uctions
Street	address						for the change my address o for further instructions, or en	ption
0:1-			Olede		71D I -		your correct address on this For complete information, se	form.
City			State		ZIP code		instructions.	
Veb File	your return a	at <i>www.tax.ny.gov</i>					ı	
	-	istered distributors onl	у					
lo activ	ity? — Motor	fuel distributors: enter 0 in be	oxes 3, 8, and 21; diesel motor fuel	distrib	outors: enter 0 in boxes, 1	1, 16,	and 21. You must file by the	e due
			late filing of a no-tax-due-return.					
art 1 –			ent on motor fuel — registere	1				
		er of gallons subject to tax	B – Sales tax prepayment per gallon	 	Tax due (column A × column	1 B)		
Region 1	1		× \$.1475 =	1				
legion 2	2		× \$.140 =	2		-	.	Т
• "			or fuel (add lines 1 and 2)				3	
Credit			; loss due to shrinkage, evaporati		handling; or casualty lo	oss		
	0			4a		-		
	Ü			4b		\dashv		
		,	411.000	5 6		-		
			orm AU-629			-	7	Т
		•	ine 6 from line 5)				7	
art 2			otor fuel (subtract line 7 from line 3) ent on diesel motor fuel — reg				8	
ai t 2 —	_	er of gallons subject to tax	B – Sales tax prepayment per gallon	ī —	Tax due (column A × columi	2 B)		
egion 1	9	er or galloris subject to tax	× \$.1475 =	9	Tax due (coluitiit A > coluitii	10)		
egion 2	10		× \$.1475 = × \$.140 =	10		-		
/g.o	-	les tax prepayment on dies	sel motor fuel (add lines 9 and 10)			_	11	T
Credi		empt purchasers, expo						
				12a		\neg		
	•							
	•					\neg		
		'	orm AU-629	14				
			ubtract line 14 from line 13)				15	
		Net sales tax prepayment due on diesel motor fuel (subtract line 15 from line 11)						
			el and diesel motor fuel (add line		,		17	
Credi	t carryforwai	-	`		,			
	-		ade in a prior period			[18	
		PrompTax payment (attach Form FT-945/1045-A, Monthly Schedule FT)					19	
		Subtotal (add lines 18 and 19)						
	21 Balance	due (subtract line 20 from line	17; attach a check or money order fo	r this a	amount: see instructions)	[21	

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

For office use only

Sales tax vendor identification number

Part :	3 — Ir	nver	ntory reconciliation of motor fuel (in	gallons) — se	llers of mo	otor fue	l other ti	nan registe	ered dis	tributors	only		
22 (Opening inventory of motor fuel (see instructions)						22	2					
Adjustments to motor fuel inventory													
23 F	Purchased in-state												
24 (Other o	her gain (or loss) to inventory (see instructions)											
25	Net adjustments to inventory (add lines 23 and 24; if line 24 is a loss, subtract line 24 from line 23)						25	25					
26 N	Motor fuel available for sale (add lines 22 and 25)						26	26					
27 N	Motor fuel sold, used, or transferred (see instructions)						27	27					
28 (Closing	g inv	entory (subtract line 27 from line 26)						28	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 <i>X</i> 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			Official title							
person		1	E-mail address of authorized person				Telephone number ()			Date	Date		
Pa	aid	Firm	's name (or yours if self-employed)	self-employed)			Firm's EIN			Preparer's PTIN or SSN State ZIP code			
	se	Signature of individual preparing this return Address			City								
(see		E mail address of individual proparing this folder		Telephone n	· ·			YTPRIN	Date				

Need help?

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