

New York State Department of Taxation and Finance

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

For the period September 1, 2013, through September 30, 2013, only; due October 21, 2013. Sales tax vendor identification number Business telephone number Daytime telephone number Has your address or business information changed? Legal name To update your mailing address, visit our Web site (see Need help? DBA (doing business as) name in Form FT-945/1045-I, Instructions for Form FT-945/1045) and look for the change my address option Street address for further instructions, or enter your correct address on this form. For complete information, see 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 — 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 - Tax due (column A × column B) Region 1 × \$.1475 = 1 Region 2 × \$.140 = 2 3 Gross sales tax prepayment on motor 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 4b Region 2 total 5 Net credits (add lines 4a and 4b) 5 6 Refunds previously requested on Form AU-629..... 6 7 7 Total credits on motor fuel (subtract line 6 from line 5) 8 Net sales tax prepayment due on motor fuel (subtract line 7 from line 3) 8 Part 2 — Computation of sales tax prepayment on diesel motor fuel — registered distributors only A - Number of gallons subject to tax **B** – Sales tax prepayment per gallon **C** – Tax due (column A × column B) Region 1 9 × \$.1475 = 9 Region 2 10 10 × \$.140 = 11 Gross sales tax prepayment on diesel motor fuel (add lines 9 and 10) 11 Credits: sold to exempt purchasers, exported, or casualty loss 12a Region 1 total 12a 13 Net credits (add lines 12a and 12b)..... 13 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 carryforward 18 18 Credit for an overpayment of tax made in a prior period 19 PrompTax payment (attach Form FT-945/1045-A, Monthly Schedule FT) 19 20 20 Subtotal (add lines 18 and 19) 21 Balance due (subtract line 20 from line 17; attach a check or money order for this amount; see instructions) 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	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 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	7			
28 (Closing inventory (subtract line 27 from line 26)							28	8			
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.												
Authorize person			Signature of authorized person				Official title					
		1	E-mail address of authorized person				Telephone number ()			Date		
Pa	aid	id Firm's name (or yours if self-employed)					Firm's EIN			Preparer's PTIN or SSN		
	se	Signature of individual preparing this feturn			City				State ZIP code			
l .	only (see instr.)		all address of individual preparing this return		Telephone number			Preparer's NYTPRIN		Date	Date	

Need help?

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