

New York State Department of Taxation and Finance

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



For the period January 1, 2014, through January 31, 2014, only: due February 20, 2014.

		Da January 1, 2014, through January			,		
Sales	tax	vendor identification number	Business telephone num	ber	Daytime telephone n	lumber	
			()		()		Has your address or business
Legal	nam	le					information changed?
							To update your mailing address,
DBA	doin	g business as) name	visit our Web site (see <i>Need help?</i> in Form FT-945/1045-I, <i>Instructions</i>				
			for Form FT-945/1045) and look				
Stree	ado	ress					for the change my address option for further instructions, or enter
							your correct address on this form.
City		Sta	ate		ZIP code		For complete information, see instructions.
Web File	e yo	ur return at <i>www.tax.ny.gov</i>					•
Parts 1	and	2 — Registered distributors only					
No activ	itv?	- Motor fuel distributors: enter 0 in boxes	3, 8, and 21; diesel motor fuel	distrib	outors: enter 0 in boxe	s, 11, 16,	and 21. You must file by the due
		o tax is due. There is a \$50 penalty for late					,
Part 1 –	- Co	omputation of sales tax prepayment	t on motor fuel — registere	d di	stributors only		
		A – Number of gallons subject to tax B -	lumn B)				
Region 1	1		× \$.1475 =	1			
Region 2	2		× \$.140 =	2			
	3	Gross sales tax prepayment on motor f	uel (add lines 1 and 2)				3
Credit		old to exempt purchasers or exported; los					
		Region 1 total	• • •	4a	J		
	4b			4b			
	5	Net credits (add lines 4a and 4b)		5			
	6						
	7	Total credits on motor fuel (subtract line		6		_	7
	0	Net sales tax prepayment due on motor					8
	0	The sales las prepayment due on moto					0

Part 2 — Computation of sales tax prepayment on diesel motor fuel — registered distributors only

		A - Number of gallons subject to tax	bject to tax B – Sales tax prepayment per gallon C – Tax due (column A × column B)					
Region 1	9		× \$.1475 =	9				
Region 2	10		× \$.140 =	10				
11 Gross sales tax prepayment on diesel motor fuel (add lines 9 and 10)							11	
Credi	Credits: sold to exempt purchasers, exported, or casualty loss							
	12a Region 1 total							
	12b	Region 2 total		12b				
	13 Net credits (add lines 12a and 12b)							
	14	Refunds previously requested on F	efunds 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	8 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	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

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				
Adju	stments 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 24	25						
26	Motor fuel available for sale (add lines 22 and 25)	26						
27	Motor fuel sold, used, or transferred (see instructions)	27						
28	Closing inventory (subtract line 27 from line 26)	28						
Part	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		(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	Signature of individual preparing this return		Address			City		State ZIP code		
only (see instr.)	E-m	ail address of individual preparing this return		Telephone n ()	umber		Preparer's NYTPRIN		Date	

Need help?

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