

New York State Department of Taxation and Finance

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

	period May 1, 2014, through May 31, 2 tax vendor identification number	Business telephone nu		Daytime telephone nun	nber	
		( )		( )		Has your address or business
Legal	name	'				information changed?
DBA (	doing business as) name	i	To update your mailing address, visit our Web site (see <i>Need help?</i> in Form FT-945/1045-I, <i>Instructions for Form FT-945/104</i> 5) and look			
Street	address				1	for the change my address option
						for further instructions, or enter vour correct address on this form.
City		State		ZIP code		For complete information, see
						instructions.
Veb File	e your return at www.tax.ny.gov				-	
Parts 1	and 2 — Registered distributors on	у				
	ity? — Motor fuel distributors: enter $\boldsymbol{0}$ in $\boldsymbol{b}$ in to tax is due. There is a \$50 penalty for		el distrik	outors: enter 0 in boxes,	11, 16, an	d 21. You <b>must</b> file by the due
art 1 —	- Computation of sales tax prepaym	ent on motor fuel — registe	red di	stributors only		
	A - Number of gallons subject to tax	B - Sales tax prepayment per gallor	n C-	Tax due (column A × colum	nn B)	
Region 1	1	× \$.1475 =	1			
Region 2	2	× \$.140 =	2			
	3 Gross sales tax prepayment on mo	tor fuel (add lines 1 and 2)			3	3
Credits	s: sold to exempt purchasers or exported	l; loss due to shrinkage, evapora	nti <u>on, o</u>	r handling; or casualty	loss	
	4a Region 1 total		. 4a			
	4b Region 2 total		$\rightarrow$			
	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	7
	8 Net sales tax prepayment due on m					3
art 2 —	Computation of sales tax prepayment		<del>-</del>			
	A - Number of gallons subject to tax	B – Sales tax prepayment per gallor		Tax due (column A X colum	nn B)	
egion 1	9	× \$.1475 =	9			
		× \$.140 =	10			.
	11 Gross sales tax prepayment on dies				11	I
	ts: sold to exempt purchasers, expo	•	40.			
	12a Region 1 total				_	
	12b Region 2 total				_	
	<ul><li>13 Net credits (add lines 12a and 12b)</li><li>14 Refunds previously requested on Fe</li></ul>				_	
					15	- 1
	Total credits on diesel motor fuel (subtract line 14 from line 13)  Net sales tax prepayment due on diesel motor fuel (subtract line 15 from line 11)					
	17 Total prepaid tax due on motor fu	iei and diesei motor fuei (add i	ines 8 a	па 16)		
	t carryforward  18 Credit for an overpayment of tax ma	ado in a prior poriod			18	2
		·				
	19 PrompTax payment (attach Form FT-945/1045-A, Monthly Schedule FT)					
	21 Balance due (subtract line 20 from line					
	and 4 — Motor fuel wholesalers job				21	

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													
<b>23</b> F	urcha	Purchased in-state											
24 (	Other 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					
<b>26</b> N	Motor fuel available for sale (add lines 22 and 25)						26	26					
<b>27</b> 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 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						Official title	ficial title						
person		1	E-mail address of authorized person				Telephone number ( )			Date			
Pa	aid	Firm	's name (or yours if self-employed)	_		Firm's I		EIN		Preparer's PTIN or SSN			
	se	Sign	ature of individual preparing this return	Address				City		State ZIP code		.e	
(see		E mail address of individual proparing this retain		Telephone n	'			YTPRIN	Date	)			

## Need help?

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