

Department of Taxation and Finance

# 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 tele	phone number	Has your ad information	dress or business
Legal name		( )			mailing address, visit our
Legal hame					se, call the Miscellaneous Center (see Need
DBA (doing business as) name				help? on page 2	) or enter your correct form. You may also use
DDA (doing business as) name				Form DTF-96, R	Report of Address Change
Street address					Accounts, to update your To change additional
					well as your address), and in Form DTF-95,
City	State		ZIP code	Business Tax Ac	
ony -	Oldie		211 0000	or by phone. See	
Mark an <b>X</b> in the appropriate box to indi	cate the period cover	ed by this report			
Mar 1 – May 31, 2017	Jun 1 – Aug 31, 20	, i	1 – Nov 30, 2017		17 – Feb 28, 2018
Due: Jun 20, 2017	Due: Sep 20, 2017		Dec 20, 2017	Due: Mar	
<ul> <li>Every retail vendor purchasing, selling, requested information for all business lo separate Form FT-943 for each location</li> </ul>	cations for which you	file sales tax returns ur	nder the sales tax iden		
• Use this form to account for motor fuel of	or highway diesel moto	or fuel held at retail ser	vice stations (including	fixed bases). You mus	st file this form in
addition to any other inventory report re			nues.		
• Failing to file this form, or willfully filing a					
Please read the instructions for each part	before completing this	report.			
Part 1 – Business description					
Mark an $\boldsymbol{X}$ in the box(es) that describe(s) y	our motor fuel or dies	el motor fuel business.	You may mark an X in	more than one box.	
1. Service station operator					
2. MCTD motor fuel wholesaler					
3. Non-MCTD motor fuel wholesaler					
4. Registered distributor of motor fue					
5. Registered distributor of diesel mo					
6. Registered distributor of kero-jet fu					
Part 2 – Inventory reconciliation (					
<ul> <li>For lines 1 through 5, add amounts in colukero-jet fuel, preface the number of gallon</li> <li>Line 1 – Indicate by gallons and type of further inventory should be the same as locations to your retail service stations to your retail service stations 1 and 2 to determine the Line 4 – Enter, by type, the number of gallon 2 Line 5 – Subtract line 4 from line 3. The association of the service station of t</li></ul>	s with a capital <i>K</i> ). uel, the retail service s the previous quarter's llons of motor fuel or h ations (or fixed bases) he amount of motor fue llons of motor fuel or h	tation or fixed-base inv s closing inventory; atta ighway diesel motor fu during the quarter. el or highway diesel motor fu	entory on hand at the l ach an explanation if th el purchased or transfe otor fuel available for sa el sold or used during	beginning of the quarte ese figures <b>do not</b> col erred from your non-re ale. the quarter.	er. The opening rrespond. tail marketing
next quarter.				raiso be your opening	E
	<b>A</b> Regular	<b>B</b> Mid-grade	r fuel C Premium	<b>D</b> Total	Highway diesel motor fuel ***
1 Opening inventory	unleaded*	unleaded	unleaded**	(A + B + C)	
	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.
	** Premium fuel include	es kerosene compounds a es unleaded premium and lo. 1 diesel fuel, No. 2 die		ne, fuel oil or other middl	e distillate and also
	motor fuel suitable fo	r use in the operation of a	in engine of the diesel typ		
		lesignated No. 4 diesel fue motor fuel is any diesel me	el. otor fuel that is designated	d for use other than on a	public highway,
	(except for the use of	f the public highway by fa	rmers to reach adjacent la	inds) and is dyed diesel r	

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 MCTD or non-MCTD motor fuel wholesaler, and reported a transfer of motor fuel from your non-retail marketing locations to your retail service station in Part 6 of Form FT-945/1045, *Prepaid Sales Tax on Motor Fuel/Diesel Motor Fuel Return*, 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>B</b> – Address of supplier	C – Type of fuel	D – Total gallons purchased
(Name)			
(ID number)			

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.

Authoriz	Signature of authorized person		Official title		
persor	E-mail address of authorized person		Telephone number	ſ	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-mail address of individual preparing this return	Telephone number ( )	Preparer's NYTPRIN	NYTPRIN excl. code	Date

### Signature

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

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

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

**Paid preparer's responsibilities –** Under the law, all paid preparers must sign and complete the paid preparer section of the form. Paid preparers may be subject to civil and/or criminal sanctions if they fail to complete this section in full.

When completing this section, enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. If you are not required to have a NYTPRIN, enter in the *NYTPRIN excl. code* box one of the specified 2-digit codes listed below that indicates why you are exempt from the registration requirement. You **must** enter a NYTPRIN **or** an exclusion code. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

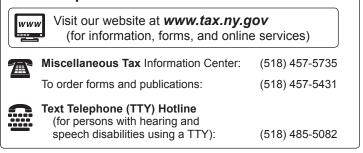
Code	Exemption type	Code	Exemption type
01	Attorney	02	Employee of attorney
03	СРА	04	Employee of CPA
05	PA (Public Accountant)	06	Employee of PA
07	Enrolled agent	08	Employee of enrolled agent
09	Volunteer tax preparer	10	Employee of business preparing that business' return

#### Where to file

# Mail your report to: NYS Tax Department, Petroleum Tracking Unit, PO Box 15197, Albany NY 12212-5197.

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

## Need help?



**Privacy notification –** New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request for personal information, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our website, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.