

New York State Department of Taxation and Finance

Diesel Motor Fuel and Motor Fuel Transporter's Monthly Report For the month of _______, ______. This report is due the 25th of the following month.

(9/11)

(monur) (year)				
Business name	Federal employer identification number (EIN)	Telephone nun	nber	
Street address	City		State	ZIP code
I am a New York registered Article 12-A motor fuel distributor, diesel motor fuel distributor fuel distributor.		y, or distribut	or of kero-j	et fuel only,
C I ceased operations as of(mm-dd-yyyy) (Attach license, if applicable; see	instructions.)			

1	2	of fuel from a point out	4	5	6	7	8	9
Date delivered (mm-dd)	Place of origin terminal control number (TCN) or name, city/state	Name of importer	EIN of the importer (required)	Place of destination TCN or name, city/state	Mode of delivery (see instr.)	Identification number of transportation equipment	Gallons	Production code*
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See instructions for where to file.

^{*} From Publication 902, Product Codes for Fuels

FT-942	(9/11)	(back)
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Business name	EIN	Month-year

1	2	3	4	5	6	7	8	9
Date shipped (mm-dd)	Place of origin TCN or name, city/state	Name of exporter	EIN of the exporter (required)	Place of destination TCN or name, city/state	Mode of delivery (see instr.)	Identification number of transportation equipment	Gallons	Produc code ²
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^{*} From Publication 902, Product Codes for Fuels