

preparer

use only

(see instr.)

Signature of individual preparing this return

E-mail address of individual preparing this return

New York State Department of Taxation and Finance

Application for Refund of Prepaid Sales Tax on Motor Fuel Sold Other Than at Retail Service Stations

F	T-	9	49
			(1/12)

ZIP code

State

Date

Preparer's NYTPRIN

Pent or type Name of delirent Size State		the box if you filed Fo lesel Motor Fuel, for the	For office use only						
Name of claimant	Print or type						Department of Taxation and Finance		
City State ZiP code Period covered by claim From: Date approved Office of the State Comptroller Audited by		nt		Telephone number	Certificate of Aut	hority number	Total		
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Name of representative (if any) Street address City State ZiP code Section 1 — Summary of sales (attach additional sheets if necessary) Column A Name of output Specification: I, the claimant named above, or partner, officer, or other authorized representative of such applicant, do hereby: make application for refund of propals dasies tax, pursuant to New York State Tax Lav; and certify that the above statements, and any documents provided to substantiate the refund claimed, as tax, pursuant to New York State Tax Lav; and certify that the above statements, and any documents in the substantiate the refund claimed, as tax, pursuant to New York State Tax Lav; and certify that the above statements, and any documents personal feed for the validity of prepaids called tax, that no amount claimed has previously been subject to a credit or refund; and make these statements with the knowledge that willfully providing false for required to collect tax, that no amount claimed has previously been subject to a credit or refund; and make these statements with the knowledge that willfully providing false for required to collect tax, that no amount claimed has previously been subject to a credit or refund; and make these statements with the knowledge that willfully providing false or fraculation in fine date above and certify that the above statements, and any documents provided to usual national contents of contents of the c	Street address				Motor fuel tax req	otor fuel tax registration number (if any) Audited by			
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Any person who attempts by use of this form to evade the tax on motor fuel is liable for penalties as provided by the New York State Sales Tax Law and Regulations.

Telephone number

Address

Instructions

Who may use this form

This application for refund may be used by sellers of motor fuel other than retail service stations (for example, wholesalers and jobbers), to claim a refund of prepaid sales tax on motor fuel.

Refunds of prepaid sales tax may be claimed when motor fuel was sold and no sales tax was charged because the motor fuel was sold to an exempt purchaser (see *Column F* below).

This form may not be used to claim a refund for sales of motor fuel made through retail service stations. Retail service station operators must use Form FT-950, *Application for Refund of Prepaid Sales Tax on Motor Fuel Sold at Retail Service Stations*, to obtain a refund of prepaid sales tax.

When to file

Applications for refund must be filed within three years from the date the tax was payable to the Commissioner of Taxation and Finance. Claims should be filed for periods of at least one full month, whenever possible.

Substantiation

Copies of invoices for all sales for which a refund is claimed must be attached to this application. An invoice for an exempt customer must show that customer as the purchaser and payer of record.

In addition to invoices for all sales and purchases listed, copies of the following documents given to you by the purchaser also must be submitted with this application for exempt sales to:

- An exporter Form FT-936, Statement of Exportation of Motor Fuel by Purchaser
- A qualified hospital Form FT-937, Certificate of Exemption for Qualified Hospitals, Volunteer Fire Companies and Volunteer Ambulance Services
- A governmental entity a copy of the governmental purchase order, voucher, or contract.

Note: When you have purchased motor fuel that you exported, submit evidence to show that the fuel was transported outside the state as well as a copy of the motor fuel tax return for the state to which the fuel was exported for sale.

Failure to submit the required documentation may result in the return of your application and a delay in the processing of your refund.

Column instructions

Section 1 — Summary of sales

Include on this form only those sales on which no prepaid sales tax was charged or passed through.

Column D — Multiply the amount in *Column B* by the amount in *Column C* and enter the result in *Column D*.

Column F — Enter the name of the exempt purchaser to whom you sold motor fuel. Exempt purchasers may only be one of the following:

- The United States government, its agencies, and instrumentalities
- New York State, its agencies, instrumentalities, and political subdivisions (including school districts)
- · A qualified hospital
- The purchaser of motor fuel for export

Note: If you purchased motor fuel that you exported to another state for sale in that state, list your name as the customer.

Column G — Enter the reason for exemption given by the purchaser. Select the appropriate code from the list below:

- G a purchase by a governmental entity (New York State or the United States government)
- Q a qualified hospital
- X fuel sold for export outside New York State
- O other (explain)

Section 2 — Summary of purchases

You must list and submit copies of invoices for purchases of tax-paid motor fuel in quantities equal to or greater than that for which this refund is claimed.

Paid preparer identification numbers

New York State Tax Law requires certain paid tax return preparers and facilitators of refund anticipation loans (RALs) and refund anticipation checks (RACs) to register electronically with the Tax Department. When completing this section, you must enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. (Information on the New York State Tax Preparer Registration Program is available on our Web site; see Need help?.) In addition, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number (SSN). (PTIN information is available at www.irs.gov.)

Where to file

The completed refund application and all required documentation should be mailed to: **NEW YORK STATE TAX DEPARTMENT**

FUEL TAX REFUND UNIT PO BOX 5501 ALBANY NY 12205

Private delivery services - If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Services. See Need help? for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery. If you use any private delivery service, whether it is a designated service or not, send the forms to the appropriate address listed in Publication 55.

Need help?



Visit our Web site at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

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Sales Tax Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431



Text Telephone (TTY) Hotline

(for persons with hearing and speech disabilities using a TTY):

(518) 485-5082

Privacy notification — The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(0).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus,
Albany NY 12227; telephone (618) 457-5181.