

Quarterly Inventory Report by Retail Service Stations and Fixed Base Operators

Sales tax vendor identification number	se it to report sales or to remit sales tax due. This is Business telephone number	Change of Business Information	
	()	Check here if you have changed your business location and have no	
Legal name		previously notified us. Enter this new address in the space next to your preprinted address. You must report	
DBA		this, or any other change (name, identification number, mailing address or owner/officer/responsible person information) on either Form	
Street			
City	State	ZIP code ST-809-1, ST-810-1), or on Form DTF-95, Change of Business Information. To request Form DTF-95, call toll free (from New York	
Jse labeled form and return envelope for filing		State only) 1 800 462-8100. From areas outside New York State, call	
	h November 30, 1993 (due December 25,		
form should be used to report the requested	y by every retail vendor purchasing, selling or u information for all business locations for which u must file a separate report, Form FT-943, for o	you life sales tax returns under the sales	
This inventory report must be used to account	nt for motor fuel or diesel motor fuel held at reta entory report required as a result of your other	ail service stations (including fixed bases business activities.	
- Failure to file this report or willfully filing a fa	llse report is a misdemeanor.		
This report must be filed within 25 days of the			

Part II - Inventory Reconciliation (report by type of fuel)

2. Motor fuel or diesel motor fuel wholesaler or jobber 3. Registered distributor of motor fuel # M —_____ Registered distributor of diesel motor fuel # D -___ Registered distributor of kero-jet fuel # K — _____

Part I - Business Description

Service station operator

Please read the instructions for each part before completing this report.

For lines 1-5 add amounts in columns A, B, C and D and enter totals in column E. Enter figures for diesel motor fuel in column F (for kero-jet fuel, preface the number of gallons with a capital "K").

- Line 1 Indicate by gallons and type of fuel, the retail service station or fixed base inventory on hand at the beginning of the quarter being reported. The opening inventory should be the same as the previous quarter's closing inventory; attach an explanation if these figures do not correspond.
- Line 2 Enter by type, the number of gallons of motor fuel or diesel motor fuel purchased during the quarter or transferred from your non-retail marketing locations to your retail service stations (or fixed bases).
- Line 3 Add lines 1 and 2 to determine the amount of motor fuel or diesel motor fuel available for sale.
- Line 4 Enter by type, the number of gallons of motor fuel or diesel motor fuel sold or used during the quarter.

Check the box(es) which describe(s) your motor fuel or diesel motor fuel business. You may check more than one box.

Line 5 — Subtract line 4 from line 3. The amount entered on line 5 is your closing inventory for the quarter being reported and should also be your opening inventory for the next quarter.

		Motor Fuel			Diesel		
		A Leaded	B Regular Unleaded*	C Mid-grade Unleaded	D Premium Unleaded**	E Total (A + B + C + D)	Motor Fuel*** F
1	Opening inventory	gal.	gal.	gal.	gal.	gal.	gal.
2	Additions to inventory (see instruction above)	gal.	gal.	gal.	gal.	gal.	gal.
3	Fuel available for sale (add lines 1 and 2)	gal.	gal.	gal.	gal.	gal.	gal.
4	Fuel sold or used	gal.	gal.	gal.	gal.	gal.	gal.
5	Closing inventory (subtract line 4 from line 3)	gal.	gal.	gal.	gal.	gal.	gal.

^{*} Unleaded fuel includes kerosene compounds and propane.

** Premium fuel includes leaded and unleaded premium and aviation gasoline.

*** Diesel motor fuel is kerosene (including kero-jet), crude oil and middle distillates or motor fuels suitable for use in the operation of an engine of the diesel type.

Part III - Summary of Motor Fuel and Diesel Motor Fuel Purchases

A retail vendor not registered as a motor fuel distributor under Article 12-A must complete this part for motor fuel purchases.

A retail vendor not registered as a diesel motor fuel distributor or kero-jet fuel distributor under Article 12-A must complete this part for diesel motor fuel purchases.

Enter the information requested in columns A through D for all motor fuel or diesel motor fuel purchased during the quarter for sale or use within New York State.

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 Prepayment of Sales Tax and Payment of Motor Fuel Tax and the Petroleum Business Tax,* or other document given to you certifying that the taxes were paid. **List all** suppliers from whom you purchase motor fuel.

If you are a wholesaler, jobber, etc., and reported a transfer of motor fuel from your non-retail marketing locations to your retail service station in *Part III* of Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, 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, Certification of Prepayment or Payment of Sales Tax and Payment of the Diesel Motor Fuel Tax and the Petroleum Business Tax, or other document given to you certifying that the taxes were paid. List all suppliers from whom you purchase diesel motor fuel.

- Column B Enter the street and city address of each supplier listed in column A.
- Column C Indicate the type of fuel purchased by entering "L" (leaded), "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 automotive fuel made in New York State.

A Name and ID Number of Supplier	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	r the reporting period.	
Number of locations — Indicate the number of location make retail sales of motor fuel or diesel motor fuel a		
Signature of owner or authorized representative		
Title	Telephone number	Date
Signature of preparer (if other than vendor)	Telephone number	Date