



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

0194

Use this form to report transactions for the period **June 1, 1993, through June 30, 1993, only.**

Sales tax vendor identification number <input type="text"/>	Business telephone number <input type="text"/> ()	Daytime telephone number <input type="text"/> ()	Change of Business Information <input type="checkbox"/> Check here if you have changed your business location and have not previously notified us. Enter this new address in the space next to your preprinted address. You must report this, or any other change (name, identification number, mailing address or owner/officer/responsible person information) on either Form DTF-95.1, found in the sales tax return instructions (Form ST-100-1, ST-809-1, ST-810-1), or on Form DTF-95, <i>Change of Business Information</i> . To request Form DTF-95, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.
Legal name <input type="text"/>			
DBA <input type="text"/>			
Street <input type="text"/>			
City, state, ZIP code <input type="text"/>			

Use labeled form and return envelope for filing your return. **Registered distributors only** - Complete Parts I and II below. **Sellers of motor fuel other than registered distributors** - Complete Parts III and IV on the back.

Part I - Computation of Sales Tax Prepayment on Motor Fuel

	Column (a)	Column (b)	Column (c)	Column (d)	
	Type of Fuel	Number of Gallons Subject to Tax <small>(see instructions)</small>	Sales Tax Prepayment Per Gallon	Column (b) × Column (c)	
Region 1	1 Leaded	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	2 Unleaded	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	3 Premium	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	4 Total (add lines 1, 2 and 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Region 2	5 Leaded	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	6 Unleaded	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	7 Premium	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	8 Total (add lines 5, 6 and 7)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9 Gross sales tax prepayment on motor fuel (add lines 4 and 8)				9	<input type="text"/>
10 Credit for sales to exempt purchasers or out-of-state deliveries				10	<input type="text"/>
11 Other credits including casualty losses (see instructions)				11	<input type="text"/>
12 Total credits on motor fuel (add lines 10 and 11; see instructions)				12	<input type="text"/>
13 Net sales tax prepayment due (subtract line 12 from line 9; see instructions)				13	<input type="text"/>

Part II - Computation of Sales Tax Prepayment on Diesel Motor Fuel

	Column (a)	Column (b)	Column (c)		
	Number of Gallons Subject to Tax	Sales Tax Prepayment Per Gallon	Column (a) × Column (b)		
Region 1	14	<input type="text"/>	<input type="text"/>		
Region 2	15	<input type="text"/>	<input type="text"/>		
16 Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15)				16	<input type="text"/>
17 Credit for sales to exempt purchasers or out-of-state deliveries				17	<input type="text"/>
18 Credits for casualty losses (see instructions)				18	<input type="text"/>
19 Total credits on diesel motor fuel (add lines 17 and 18)				19	<input type="text"/>
20 Net sales tax prepayment due on diesel motor fuel (subtract line 19 from line 16)				20	<input type="text"/>
21 Total prepaid tax due (add lines 13 and 20)				21	<input type="text"/>
22 Less PromptFax payment (attach Monthly Schedule FT)				22	<input type="text"/>
23 Balance Due. Attach check or money order for this amount				23	<input type="text"/>

— Mail your return and payment in the enclosed envelope to the applicable P O box on or before **July 20, 1993**.
 — Write on the check or money order your identification number, form number **FT-945/1045** and the period you are reporting, **June 1, 1993 through June 30, 1993**. Make the check or money order payable to **New York State Sales Tax**.
 — Do not include the sales tax prepayment reported on this return in any other sales tax return, schedule or report.

Signature of vendor

Title Telephone number Date
 ()

Signature of preparer if other than vendor

Address Telephone number Date
 ()

For Office Use Only

Part III - Inventory Reconciliation of Motor Fuel — in gallons (not required from Registered 12-A Distributors)

24	Opening inventory of motor fuel (see instructions)	24	
Adjustments to motor fuel inventory:			
25	Purchased in-state	25	
26	Other gain (or loss) to inventory (see instructions)	26	
27	Net (line 25 plus or minus line 26)	27	
28	Motor fuel available for sale (add lines 24 and 27)	28	
29	Motor fuel sold, used or transferred (see instructions)	29	
30	Closing inventory (subtract line 29 from line 28)	30	

Part IV - Supplemental Information

If you are not a registered distributor of motor fuel (Article 12-A), check here and see instructions for attachments required.

If you are a vendor participating in the Promptax program, mail your return to: PROMPTAX — FUEL TAX
 P O BOX 1506
 CHURCH STREET STATION
 NEW YORK NY 10008-1506

If you are a vendor located outside New York State, mail your returns to: P O BOX 917
 ALBANY NY 12201-0917

If your place of business is located in the county of:

Mail return to:

Albany	Franklin	Orange	Steuben	
Broome	Fulton	Otsego	St. Lawrence	
Chemung	Greene	Putnam	Sullivan	
Chenango	Hamilton	Rensselaer	Tioga	
Clinton	Herkimer	Rockland	Tompkins	
Columbia	Jefferson	Saratoga	Ulster	
Delaware	Lewis	Schenectady	Warren	
Dutchess	Montgomery	Schoharie	Washington	P O BOX 917
Essex	Oneida	Schuyler		ALBANY NY 12201-0917

New York County with ZIP codes 10001-10019
 Richmond P O BOX 2058
 CHURCH STREET STATION
 NEW YORK NY 10008-2058

Bronx
 Kings
 Queens
 Westchester
 New York County with ZIP codes 10020-10285 G P O BOX 5464
 NEW YORK NY 10087-5464

Nassau
 Suffolk P O BOX 1866
 HICKSVILLE NY 11802-1866

Allegany	Erie	Niagara	Seneca	
Cattaraugus	Genesee	Onondaga	Wayne	
Cayuga	Livingston	Ontario	Wyoming	
Chautauqua	Madison	Orleans	Yates	P O BOX 194
Cortland	Monroe	Oswego		BUFFALO NY 14240-0194

If You Need Help...

Phone:

For forms or publications call toll free (from New York State only) 1 800 462-8100.

From areas outside New York State, call (518) 438-1073.

For information call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829).

From areas outside New York State, call (518) 438-8581.

Write:

If you wish to write, address your letter to:

NYS TAX DEPARTMENT
 TAXPAYER ASSISTANCE BUREAU
 W A HARRIMAN CAMPUS
 ALBANY NY 12227

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.